

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAR -5 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600171178096
03/04/10--01003--011 **\$555.00

CR2E041 (11/09)

DOCUMENT # L06000033755

1. Limited Liability Company's Name

A & J Borrow Properties, LLC

2. Principal Office Address - No P.O. Box #

6108 W. Linebaugh Ave (same)

Suite, Apt. #, etc

3. Mailing Office Address

Suite, Apt. #, etc

City & State

Tampa, FL

City & State

Zip

33625

Country

US

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

H. Jason Freyre

Street Address (P.O. Box Number is Not Acceptable)

6108 W. Linebaugh Ave

Suite, Apt. #, Etc

City

Tampa

State

FL

Zip Code

33625

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

X

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgrm	H. Jason Freyre	6108 W. Linebaugh Ave	Tampa, FL 33625
Mgrm	Anthony Jacobs	13157 Springhill Dr.	Springhill, FL 34609

REINSTATEMENT

04-10

Qc 3-8-10

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

X

Date

2/17/10

Daytime Phone #

913-220-3022

Typed or printed name of signing Managing Member/Manager