

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 24 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300138366603
12/02/08--01011--010 **277.50

CR2E041 (10/08)

DOCUMENT # L 04 000063153

1. Limited Liability Company's Name

JDEvans Etc. LLC

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

1430 Beaver Dam rd.

Suite, Apt. #, etc.

City & State

Bonifay, Florida

Zip

32425

Country

USA

3. Mailing Office Address

1430 Beaver Dam rd.

Suite, Apt. #, etc.

City & State

Bonifay, FL

Zip

32425

Country

USA

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

435791195

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

Jason Evans

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

1430 Beaver Dam rd.

Suite, Apt. #, Etc.

City

Bonifay

State

FL

Zip Code

32425

☒ 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

Jason A. Evans

REGISTERED AGENT MUST SIGN

Date

11-24-08

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
mgr	Jason Evans	1430 Beaver Dam rd. Bonifay, FL 32425	
	L. SELLERS		
	NOV 24 2008		
	EXAMINER		

REINSTATEMENT **07-08**

11. 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

Jason A. Evans

Date

11-24-08

Daytime Phone #

850-547-5711

Typed or printed name of signing Managing Member/Manager