

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 DEC -8 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000079033

1. Limited Liability Company's Name

Jeff Stewart LLC

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

456 Terrapin Rd

Suite, Apt. #, etc.

3. Mailing Office Address

456 Terrapin

Suite, Apt. #, etc.

City & State

Venice FLA

Zip

34293

Country

Sarasota

City & State

Venice FLA

Zip

34293

Country

Sarasota

4. State/Country of Formation

FLA, Sarasota

5. Date Organized or Qualified
To Do Business in Florida

8-10-2006

6. FEI Number

412211860

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

Jeff Stewart

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

456 Terrapin Rd

Suite, Apt. #, Etc.

Venice, FLA

City

San Venice

State

FL

Zip Code

34293

☒ 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

Jeff Stewart

REGISTERED AGENT MUST SIGN

Date 8-10-06

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
<u>MGRM</u>	<u>Jeff Stewart</u>	<u>456 Terrapin Rd</u>	<u>Venice, FLA</u>

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W08-52834

REINSTATEMENT

07-08 AL

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

Jeff Stewart
Managing member

Date 11-4-08

Daytime Phone # 941-735-0980

Typed or printed name of signing Managing Member/Manager

Jeffrey C Stewart

287.50