

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000093314

1. Entity Name
JURISCONSULTUS LLC



Principal Place of Business
5363 CENTRAL AVE.
ST. PETERSBURG, FL 33707

Mailing Address
5363 CENTRAL AVE.
ST. PETERSBURG, FL 33707

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10242007 REIN-LLC CR2E101 (1/07)

4. FEI Number
593129463

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOAKE, CARL T
6305 PASADENA PT. BLVD. SO.
GULFPORT, FL 33707

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10-30-07

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BOAKE, CARL T
6305 PASADENA PT. BLVD. SO.
GULFPORT, FL 33707 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100111634241
11/02/07--01011--009 **50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10-30-07

Date

121-896-4674

Daytime Phone #

FILED

07 NOV -6 PM 12:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT