


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 DEC 23 AM 11:20:36Z  
12/17/08--01019--002 \*\*277.50

CR2E041 (10/08)

DOCUMENT # **LO6-99708**  
1. Limited Liability Company's Name  
**Jaralon Properties, LLC 9/14/07**

|  |                       |  |                          |
|--|-----------------------|--|--------------------------|
| 2. Principal Office Address - No P.O. Box #<br><b>2555 Country Club Blvd</b> |                       | 3. Mailing Office Address<br><b>2555 Country Club Blvd</b> |                          |
| Suite, Apt. #, etc.  |                       | Suite, Apt. #, etc.<br><b>0</b>                            |                          |
| City & State<br><b>Orange Park, FL</b>                                       |                       | City & State<br><b>Orange Park, FL</b>                     |                          |
| Zip<br><b>32073</b>  | Country<br><b>USA</b> | Zip<br><b>32073</b>  | Country<br><b>U.S.A.</b> |

|  |  |
|--|--|
| 4. State/Country of Formation<br><b>FL - USA</b>   |  |
| 5. Date Organized or Qualified To Do Business in Florida<br><b>10/14/2006</b>  |  |
| 6. FEI Number  | <input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status |  |

8. Name and Address of Current Registered Agent

Name **MARY ROSE AION - AION**

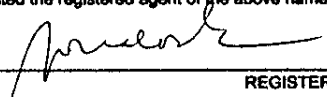
Street Address (P.O. Box Number is Not Acceptable)  
**2555 COUNTRY CLUB BLVD**

Suite, Apt. #, Etc.  
**0**

City **ORANGE PARK,** State **FL** Zip Code **32073**

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  Date **12/8/08**


REGISTERED AGENT MUST SIGN

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           |
|--------------|-----------------------------------|--|------------------------------|
| <b>mgrsm</b> | <b>SAYOC, Jericha B.</b>          | <b>2555 Country Club Blvd</b>                  | <b>Orange Park, FL 32073</b> |
| <b>mgrsm</b> | <b>SAYOC, Angela Claire</b>       | <b>2555 Country Club Blvd</b>                  | <b>Orange Park, FL 32073</b> |
|              |                                   |  |                              |
|              |                                   |  |                              |

**REINSTATEMENT 2007-2008**  
**Without Penalty 12/12/08**

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  Date **12/8/08** Daytime Phone# **904-294-6971**

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_

To: Florida Department of State  
Division of Corporations

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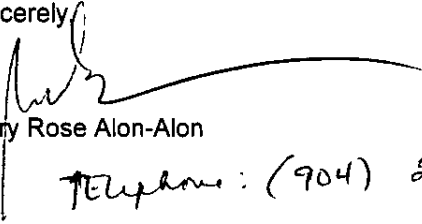
Re: Reinstatement Document # L06000098708  
Change of Registered agent and address

Please accept this request to reinstate this Florida LLC. I did not get the previous notices. The previous registered agent, and accountant, Mr. Jay Garrard had passed away.

Enclosed is a payment for 2 years.

Thank you very much for your assistance.

Sincerely,



Mary Rose Alon-Alon

Telephone: (904) 294-6971