

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JUN 13 PM 4:01

DOCUMENT # L06006108894

1. Limited Liability Company's Name

JD2, LLC
830 COLONIA LANE
NOKOMIS, FLORIDA 34275

700201269527
04/11/11--01027--019 **378.75

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
830 COLONIA LANE

3. Mailing Office Address
830 COLONIALANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NOKOMIS, FL 34275

City & State
NOKOMIS, FL 34275

Zip Country
34275 USA

Zip Country
34275 USA

4. State/Country of Formation
FLORIDA/USA

5. Date Organized or Qualified
To Do Business in Florida 11-09-06

6. FEI Number 20-15881243
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
VICTOR M. VERDI

Street Address (P.O. Box Number is Not Acceptable)
312 E. VENICE AVENUE, SUITE 203

Suite, Apt. #, Etc.
203

City VENICE, FLORIDA 34285

State Zip Code
FL 34285

E-mail Address:

vmverdi@comcast.net

(To be used for future annual report notices)

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 4/8/11

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
P	JOHN BAKER	830 COLONIA LANE	NOKOMIS, FL 34275
			06/15/11--01001--010 **162.50
	REINSTATEMENT <u>2009-2010</u>		

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date 4/8/11

Daytime Phone # 406-824-5702

Typed or printed name of signing Managing Member/Manager John D Baker



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 JUN 13 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 12, 2011

JD2, LLC
830 COLONIA LN
NOKOMIS, FL 34275

SUBJECT: JD2 , LLC
Ref. Number: L06000108894

We have received your document for JD2 , LLC and check(s) totaling \$378.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$137.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 311A00008890