

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

09 NOV -3 PM 12: 35

REINSTATEMENT *2008-09 LBN*

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10/28/09--10:00--0000 **277.50

DOCUMENT # L07000040997

1. Limited Liability Company's Name

FLO-JO LENDERS, LLC

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

9223 Oak Alley Dr

Suite, Apt. #, etc

City & State

Lake Worth

Zip

33467

Country

Palm Beach

3. Mailing Office Address

9223 Oak Alley Dr

Suite, Apt. #, etc

City & State

Lake Worth

Zip

33467

Country

Palm Beach

4. State/Country of Formation

Florida/Palm Beach

5. Date Organized or Qualified

To Do Business in Florida April/17/2007

6. FEI Number

743216085

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

John D. Patterson

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

9223 Oak Alley Dr

Suite, Apt. #, Etc.

City

Lake Worth,

State

FL

Zip Code

33467

☒ 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 10/16/2009

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
Mgr.	John D. Patterson	9223 Oak Alley Dr	Lake Worth, FL 33467

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 10/16/2009

Daytime Phone # 561-969-3559

Typed or printed name of signing Managing Member/Manager