

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

1 of 2

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUN 18 AM 10:37

DOCUMENT # L07000096379

1. Entity Name
J THOMPSON INVESTMENTS LLC



Principal Place of Business
107 AMBERWOOD CT
LONGWOOD, FL 32779

Mailing Address
107 AMBERWOOD CT
LONGWOOD, FL 32779



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

06112009 REIN-LLC

CR2E101 (1/07)

4. FEI Number

☒ 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

THOMPSON, JOAN
107 AMBERWOOD CT
LONGWOOD, FL 32779

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)

DATE

FILE NOW!! FEE IS \$277.50

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

Notice of reinstatement to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete

NAME THOMPSON, JOAN
STREET ADDRESS 107 AMBERWOOD CT
CITY-ST-ZIP LONGWOOD, FL 32779

☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

REINSTATEMENT

W/O/P

08-09

Yut

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:

Joan Thompson

6/15/2009 (407)339-5551

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

Date

Daytime Phone #

292

J Thompson Investments LLC
107 Amberwood Ct
Longwood, FL 32779

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Sir/ Madam,

We had previously sent out a check for our annual renewal fee in 2008 in the amount of \$138.75, however, this is not reflected on www.sunbiz.org and the corporation appears as dissolved. We did not receive any notice stating that there was any error in our filing. We are sending you a copy of the check that was cashed along with another check in the amount of \$138.75 for 2009.

Yours sincerely,



Joan Thompson