

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 CORPORATION

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DOCUMENT # L07000109171

1. Limited Liability Company's Name

PEACE OF MIND JAX, LLC

REINSTATEMENT 2008-09 JBM

CR21041 (10/09)

2. Principal Office Address - No P.O. Box # 9123 S.W. 147 CT. State, Apt. #, etc.		3. Mailing Office Address SAME State, Apt. #, etc.		4. State/Country of Formation	
City & State MIAMI, FL.		City & State		5. Date Organized or Qualified To Do Business in Florida 11/01/2007	
Zip 33196	Country US	Zip	Country	6. FEI Number 26-1315502	☐ 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 MICHELLE CASTANOS			
Street Address (P.O. Box Number is Not Acceptable) 421 WEST CHURCH STREET			
State, Apt. #, Etc. 504			
City JACKSONVILLE	State FL	Zip Code 32202	
☒ 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 fee 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 Michelle Castanos Date 11/05/2009
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
MGRM	MICHELLE CASTANOS	421 WEST CHURCH STREET APT. 504	JACKSONVILLE, FL. 32202

11. E-mail Address: mcastanos@peaceofmindjax.com
(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or the trustee empowered to execute this application as provided 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 Michelle Castanos Date 11/05/2009 Daytime Phone # 786-853-1742
Typed or Printed name of signing Managing Member/Manager MICHELLE CASTANOS