

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

10 MAY 25 PM 4:49

DOCUMENT # L07000116020

1. Limited Liability Company's Name

Jayson Santos LLC

800181276988  
05/25/10--01002--009 \*\*516.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 100 8th Avenue		3. Mailing Office Address 100 8th Avenue	
Suite, Apt. #, etc. #92		Suite, Apt. #, etc. #92	
City & State Shalimar, FL		City & State Shalimar, FL	
Zip 32579	Country USA	Zip 32579	Country USA

4. State/Country of Formation Florida, USA	
5. Date Organized or Qualified To Do Business in Florida 11/16/2007	
6. FEI Number	Applied For 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 Wilson J. Santos Jr.			
Street Address (P.O. Box Number is Not Acceptable) 100 8th Avenue			
Suite, Apt. #, Etc. #92			
City Shalimar	State FL	Zip Code 32579	

☒ 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

*Jayson Santos*  
REGISTERED AGENT MUST SIGN

Date 5-21-2010

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	Wilson J. Santos Jr.	100 8th Avenue #92	Shalimar, FL 32579

REINSTATEMENT 2008-2010

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

*Jayson Santos*

Date 5-21-2010 Daytime Phone # 850) 225-3568

Typed or printed name of signing Managing Member/Manager

T Hampton MAY 26 2010