

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY

Reinstatement



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L07000119591

1. Limited Liability Company's Name

JEFF'S OF LEON COUNTY, LLC

FILED  
09 OCT 19 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 4364 DAVID COURT		3. Mailing Office Address 4364 DAVID COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TALLAHASSEE, FL		City & State TALLAHASSEE, FL	
Zip 32309	Country USA	Zip 32309	Country USA

4. State/Country of Formation FLORIDA/USA	
5. Date Organized or Qualified To Do Business in Florida 10/30/2007	
6. FEI Number 80-0465362	<input type="checkbox"/> Applied For <input type="checkbox"/> 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 JEFFREY A SNYDER			
Street Address (P.O. Box Number is Not Acceptable) 4364 DAVID COURT			
Suite, Apt. #, Etc.			
City TALLAHASSEE, FL		State FL	Zip Code 32309

☒ 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

*Jeffrey A. Snyder*

REGISTERED AGENT MUST SIGN

Date 10/19/2009

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	JEFFREY A SNYDER	4364 DAVID COURT	TALLAHASSEE, FL 32309

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REINSTATEMENT - 09

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

*Jeffrey A. Snyder*

Date 10/19/2009

Daytime Phone # (850) 459-5821

Typed or printed name of signing Managing Member/Manager JEFFREY A SNYDER