

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L-08000007390

1. Limited Liability Company's Name

J W South of Polk County LLC

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

4335 HIGHLAND PARK BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

SAME

City & State

Lakeland, Florida

City & State

Zip

33813

Country

USA

Zip

?

Country

REINSTATEMENT

CR2E041 (1/11)

10-12

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

1-22-2008

6. FEI Number

261960375

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

RANDY P JONES

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

4335 HIGHLAND PARK BLVD

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33813

E-mail Address:

000220214300
02/02/12--01002--004 **\$77.50

rjonesdds@aol.com

(To be used for future annual report notices)

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 1-26-12

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
MEM	RANDY P JONES	4335 HIGHLAND PARK BLVD	LAKELAND, FL 33813
MEM	FRONNICA JONES	"	"
MEM	TOM WILSON	"	"

000220214300
02/13/12--01003--002 **\$138.75

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing
Member/Manager

Date 1-26-12

Daytime Phone #

663-644-3571

Typed or printed name of signing Managing Member/Manager

\$516.25



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2012

JW SOUTH OF POLK COUNTY LC
4335 HIGHLAND PARK BLVD.
LAKELAND, FL 33813

SUBJECT: JW SOUTH OF POLK COUNTY, L.L.C.
Ref. Number: L08000007390

We have received your document for JW SOUTH OF POLK COUNTY, L.L.C. and your check(s) totaling \$377.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The total amount due to reinstate is \$516.25.

There is a balance due of \$138.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 612A00003746