

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L-08000007392

1. Limited Liability Company's Name

JW North of Rock County LLC

FILED
12 FEB -9 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300219862173
01/30/12--01052--009 #4377.50
CR2E041 (1/11)

10-12

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

City & State

Zip

33813

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

1-22-2008

6. FEI Number

261960448

☐ 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

REINSTATEMENT

V JONES adds @ 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

[Signature]

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 JONES	4335 HIGHLAND PARK BLVD	Lakeland, FL 33813
MEM	FRONNULA JONES	"	"
MEM	TOM WILSON	"	"

300219862173
02/13/12--01003--003 **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

[Signature]

Date 1-26-12

Daytime Phone # 863-644-8571

Typed or printed name of signing Managing Member/Manager

File 25



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2012

JW NORTH OF POLK COUNTY LLC
4325 HIGHLAND PARK BLVD.
LAKELAND, FL 33813

SUBJECT: JW NORTH OF POLK COUNTY, L.L.C.
Ref. Number: L08000007392

We have received your document for JW NORTH 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: 212A00003732