

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Limited Liability Company's Name

L08000044011

Just-In-Case Onlimited L.L.C.

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

82 Hoot owl Hollow

Suite, Apt. #, etc.

3. Mailing Office Address

82 Hoot owl Hollow

Suite, Apt. #, etc.

City & State

Crawfordville FL

City & State

Crawfordville FL

Zip

32327

Country

Wakulla

Zip

32327

Country

Wakulla

**8. Name and Address of Current Registered Agent**

Name

Wilburn Lee McCalvin

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

82 Hoot owl Hollow

Suite, Apt. #, Etc.

City

Crawfordville

State

FL

Zip Code

32327

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

*Wilburn Lee McCalvin*

REGISTERED AGENT MUST SIGN

Date 26 Jan 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
MAN. MEM	Wilburn Lee McCalvin	82 Hoot owl Hollow	Crawfordville, FL 32327
MEM	Teresa LaValle McCalvin	82 Hoot owl Hollow	Crawfordville, FL 32327

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11. E-mail Address: justincase11c@aol.com

(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

*Wilburn Lee McCalvin*

Date

26 Jan 2010

Daytime Phone #

559-4621

Typed or printed name of signing Managing Member/Manager

Wilburn Lee McCalvin

**FILED**

10 JAN 26 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 2009-10 SEM

CR2E041 (11/09)