

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000050143

1. Limited Liability Company's Name

Joeville, LLC

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

480 South Broadway Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

Post Office Box 1279

Suite, Apt. #, etc.

City & State

Bartow, Florida

City & State

Bartow, Florida

Zip

33830

Country

USA

Zip

33831

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

5/20/2008

6. FEI Number

26-2779894

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

Thomas C. Saunders

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

480 South Broadway Avenue

Suite, Apt. #, Etc.

City

Bartow

State

FL

Zip Code

33830

E-mail Address:

800213189958

10/11/11--01002--006 **377.50

marcie@saunders-law.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 10-5-2011

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
MGRM	Thomas C. Saunders	480 South Broadway Avenue	Bartow, Florida 33830
MGR	Carol Ann Saunders	480 South Broadway Avenue	Bartow, Florida 33830

11. I certify that I am managing member/manager of 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 10/5/2011

Daytime Phone # (863) 533-6200

Typed or printed name of signing Managing Member/Manager Thomas C. Saunders

FILED
11 OCT 13 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)