

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 25 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700166850457
01/21/10--01041--007 **377.50
CR2E041 (11/09)

DOCUMENT # **L08000063659**

1. Limited Liability Company's Name

JEL Publishing, LLC

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

3203 53rd Ave E
Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 20595
Suite, Apt. #, etc.

City & State

Bradenton FL

Zip Country

34203 USA

City & State

Bradenton FL

Zip Country

34204 USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

6/30/2008

6. FEI Number

26-2894172

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

Nancy E Gold

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

11131 Hyacinth Place

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34202

☒ 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

Nancy E Gold

REGISTERED AGENT MUST SIGN

Date **1/14/10**

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
MGR	Nancy E Gold	11131 Hyacinth Place	Bradenton, FL 34202
MGR	Eileen C Gold	11131 Hyacinth Place	Bradenton, FL 34202
MGR	Linda S Gold	11131 Hyacinth Place	Bradenton, FL 34202

REINSTATEMENT

09-2010

L. SELLERS

JAN 26 2010

11. E-mail Address:

(To be used for future annual report notifications)

EXAMINER

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

Nancy E Gold

Date **1/14/10**

Daytime Phone # **941-739-9977**

Typed or printed name of signing Managing Member/Manager