

LO9000002204

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CORPORATTON SERVICE COMPANY  
Account Number : J20000000195  
Phone : (850)521-1000  
Fax Number : (850)558-1515

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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RECEIVED  
10 NOV -3 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT  
TWO JAX, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$238.75


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10 NOV -3 AM 7:42  
SECRETARY OF STATE  
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T. HAMPTON

EXAMINER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L0900002204					
1. Limited Liability Company's Name <b>TWO JAX, LLC</b>					
2. Principal Office Address - No P.O. Box # 1779 N. CONGRESS AVE.			3. Mailing Office Address 1779 N. CONGRESS AVE.		
State, Apt. #, etc. PWB 339			State, Apt. #, etc. PWB 339		
City & State BOYNTON BEACH, FL			City & State BOYNTON BEACH, FL		
Zip 33426	Country USA	Zip 33426	Country USA	4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 01/08/2009					
6. FEI Number 4037468				Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required (or a Certificate of Status)					
8. Name and Address of Current Registered Agent					
Name CORPORATION SERVICE COMPANY					
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET					
State, Apt. #, Etc.					
City TALLAHASSEE			State FL	Zip Code 32301	
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 <u>Doreen Wallace</u>				Date <u>11/3/10</u>	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager		City / State / Zip	
MGRM	JACK TREMBLAY	6404 DRYDEN COURT		BOYNTON BEACH, FL 33436	
11. E-mail Address: <u>nwojacks@bellsouth.net</u> (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 808.406, 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 <u>Jack Tremblay</u>				Date <u>11-2-10</u> Daytime Phone # <u>561-704-8215</u>	
Typed or printed name of signing Managing Member/Manager <u>JACK TREMBLAY</u>					

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CR2E041 (05/10)

REINSTATEMENT 2010