

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000066318

1. Limited Liability Company's Name
JENDANDY, LLC

2. Principal Office Address - No P.O. Box #
35305 Clay Gully Road

Suite, Apt. #, etc.

3. Mailing Office Address
35305 Clay Gully Road

Suite, Apt. #, etc.

City & State
Myakka City, FL

City & State
Myakka City, FL

Zip
34251-4920

Country

Zip
34251-4920

Country

8. Name and Address of Current Registered Agent

Name

George J. Dramis, Esquire

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

2070 Ringling Blvd.

Apt. #, Etc.

City

Sarasota,

State

FL

Zip Code

34237

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN **George J. Dramis**

Date

7/1/16

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	Jennifer S. Richetta	35305 Clay Gully Road	Myakka City, FL 34251-4920
MGRM	Daniel W. Richetta	35305 Clay Gully Road	Myakka City, FL 34251-4920

11. E-mail Address: **gdramis@bandgates.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

Daniel W. Richetta

Date

7/1/16

Daytime Phone #

(941)366-8010

Typed or printed name of signing authorized representative/member

FILED

16 JUL 06 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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