

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2012 MAY 18 AM 10 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L10000048845-

1. Limited Liability Company's Name

JDM CAPITAL MANAGMENT LLC

CR2E041 (1/11)

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

2809 Tarflower Way

Suite, Apt. #, etc.

3. Mailing Office Address

2809 Tarflower Way

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34105

Country

USA

Zip

34105

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

January 2006

6. FEI Number

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

J. David Mills

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

2809 Tarflower Way

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34105

E-mail Address:

400235292884
05/18/12-01028-018 ***377.50

jdmc488@gmail.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

J. David Mills
REGISTERED AGENT MUST SIGN

Date 5/10/12

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	J. David Mills	2809 Tarflower Way	Naples, FL

REINSTATEMENT
11-12

11. 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. 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

J. David Mills

Date 5/10/12

Daytime Phone # 2396497243

Typed or printed name of signing Managing Member/Manager J. David Mills