

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

12 DEC 26 PH 4:00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L10000067359

1. Limited Liability Company's Name

The Jones Group of N. Florida, LLC  
1900 Centre Pointe Blvd. #170

CR2E041 (11/10)

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

1900 Centre Pointe Blvd

3. Mailing Office Address

Same

Suite, Apt. #, etc

170

Suite, Apt. #, etc.

City & State

Tallahassee

City & State

Tall, FL.

Zip

32308

Country

USA

Zip

32308

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

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

Ferris C. Jones

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

1900 Centre Pointe Blvd

Suite, Apt. #, Etc

#170

City

Tallahassee

State

FL

Zip Code

32308

100243064081  
12/27/12--01001--016 \*\*238.75

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

Ferris C. Jones

REGISTERED AGENT MUST SIGN

Date

12/26/12

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
MEM	Ferris C. Jones	1900 Centre Pointe Blvd	Tall/FL/32308
MEM	Laronda Jones	1900 Centre Pointe Blvd	Tall/FL/32308

**REINSTATEMENT 2012**

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am a 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

Ferris C. Jones

Date

12/26/12

Daytime Phone #

(850) 570-3543

Typed or printed name of signing Managing Member/Manager