

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

16 APR -5 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L11000059504

1. Limited Liability Company's Name  
**THE JACOB PERRY GROUP LLC**

2. Principal Office Address - No P.O. Box #  
**6518 SE HELD COURT**

3. Mailing Office Address  
**6518 SE HELD COURT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**STUART, FL**

City & State  
**STUART, FL**

Zip Country  
**34997 USA**

Zip Country  
**34997 USA**

CR2E041 (1/14)

4. State/Country of Formation  
**FLORIDA, USA**

5. Date Organized or Qualified  
To Do Business in Florida **5/19/2011**

6. FEI Number  
**45-2732968**

☐ 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  
**JACOB PERRY**

Street Address (P.O. Box Number is Not Acceptable) Suite,  
**6518 SE HELD COURT**

Apt. #, Etc.

City State Zip Code  
**STUART FL 34997**

**600284235846**  
**04/05/16--01024--013 \*\*382.50**

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

Date

3/24/16

**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
AR	JACOB PERRY	6518 SE HELD COURT	STUART, FL 34997

**REINSTATEMENT**

**APR 05 2016**

**R. HUNT**

11. E-mail Address: **EMAILJPERRY@GMAIL.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

Date

3/24/2016

Daytime Phone #

772-924-8945

Typed or printed name of signing authorized representative/member

**JACOB E. PERRY**