APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

15 DEC 18 AM 11:59

SECRETARY OF STATE TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000091181

1. Limited Liability Company's Name: JACKSON SMALL ENGINE AND OUTBOARD LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6545 NW DANNY BLACK RD	6545 NW DANNY BLACK RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BRISTOL FL	City & State: BRISTOL FL
Zip: 32321 Country: USA	Zip: 32321 Country: USA

CR2E041 (1/14)

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: Alex JACKSON

Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.: 6545 NW DANNY BLACK RD

City: BRISTOL FL 32321 State: FL Zip Code: 3232[illegible]

400280224874
12/18/15--01013--005 **300.00

400280224874
12/18/15--01013--006 **216.25

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: Alex Jackson Date: 12-18-2015

REGISTERED AGENT MUST SIGN

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	Alex JACKSON	6545 NW DANNY BLACK RD	BRISTOL FL 32321
			S. HAWKES
	REINSTATEMENT 516.25		DEC 17 A.M.
	2013-2015		EXAMINER

11. E-mail Address: _____
(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: Alex Jackson Date: 12-18-15 Daytime Phone #: 850-443-5286

Typed or printed name of signing authorized representative/member: _____