

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 FEB 12 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L14000004973

1. Limited Liability Company's Name
Jaco Athletics Club, LLC

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

3368 Atlantic Circle

Suite, Apt. #, etc

City & State
Naples, FL

Zip
34119

Country
USA

3. Mailing Office Address

N/A

Suite, Apt. #, etc

City & State

Zip

Country

CR2E041 (1/14)

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida **1/8/14**

6. FEI Number

N/A

☒ 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

Gullivan Capital LLC

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

3368 Atlantic Circle

Apt. #, Etc

City
Naples

State
FL

Zip Code
34119

400282151724
02/15/16--01003--014 **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

Date **2/12/16**

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
MGR	Gullivan Capital LLC	3368 Atlantic Circle	Naples FL 34119

REINSTATEMENT

FEB 12 2016

R. HUNT

11. E-mail Address **gary.brecka@naplescapitalpartners.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 **2/12/16**

Daytime Phone #

3059781480

Typed or printed name of signing authorized representative/member **Gary Brecka**