

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED

2016 SEP 29 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LE L14000019102

1. Limited Liability Company's Name

JCL designs, LLC

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

3234 Kingston St. N

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33713

Country

U.S.

3. Mailing Office Address

3234 Kingston St. N

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33713

Country

U.S.

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

02/04/14

6. FEI Number

46-4865731

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

8. Name and Address of Current Registered Agent

Name

Jennifer Landry

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

3234 Kingston St. N

Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33713

100290776081
09/29/16--01005--027 **243.75

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

Jennifer Landry

REGISTERED AGENT MUST SIGN

Date 9/23/16

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
Manager	Jennifer Landry	3234 Kingston St. N.	St. Petersburg, FL 33713
Manager	Christian Landry	3234 Kingston St. N.	St. Petersburg, FL 33713

11. E-mail Address: JCL Jenn@JCLJewelry.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

Jennifer Landry

Date

9/23/16

Daytime Phone #

813-285-3514

Typed or printed name of signing authorized representative/member