

# 2016 LIMITED LIABILITY COMPANY REINSTATEMENT

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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09302016 REIN-LLC CR2E101 (12/11)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  |                                                                             |                                                                                                                                          |                                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--|
| <b>DOCUMENT # L15000098844</b><br>1. Entity Name<br><b>JONES GROUP OF NORTH FLORIDA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                  |                                                                             |                                                                                                                                          | <br><i>[Signature]</i>                                                      |  |
| Principal Place of Business<br>1900 CENTRE POINTE BLVD<br>#170<br>TALLAHASSEE, FL 32308                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                  | Mailing Address<br>1900 CENTRE POINTE BLVD<br>#170<br>TALLAHASSEE, FL 32308 |                                                                                                                                          |                                                                             |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                               |                                                                                                                                          |                                                                             |  |
| City & State<br><br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                  | City & State<br><br>Zip      Country                                        |                                                                                                                                          | 4. FEI Number<br><br>Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  |                                                                             |                                                                                                                                          |                                                                             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>JONES, FERRON C</b><br><b>1900 CENTRE POINTE BLVD</b><br><b>#170</b><br><b>TALLAHASSEE, FL 32308</b>                                                                                                                                                                                                                                                                                                                                           |                                                                                  |                                                                             | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |                                                                             |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                            |                                                                                  |                                                                             |                                                                                                                                          |                                                                             |  |
| SIGNATURE <i>[Signature]</i> DATE _____<br><small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                      |                                                                                  |                                                                             |                                                                                                                                          |                                                                             |  |
| <b>FILE NOW!!! FEE IS \$238.75</b><br><b>After January 1, 2017, Fee will be \$377.50</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                  |                                                                             | <b>Make check payable to</b><br><b>Florida Department of State</b>                                                                       |                                                                             |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  |                                                                             | 10. ADDITIONS/CHANGES                                                                                                                    |                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MGRP<br>JONES, FERRON C<br>1900 CENTRE POINTE BLVD #170<br>TALLAHASSEE, FL 32308 |                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                  |                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                  |                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                  |                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                  |                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                  |                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition           |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |                                                                                  |                                                                             |                                                                                                                                          |                                                                             |  |
| <b>SIGNATURE:</b> <i>[Signature]</i> Date _____      E MAIL ADDRESS _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                        |                                                                                  |                                                                             |                                                                                                                                          |                                                                             |  |