

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -8 PM 1:02

DOCUMENT #

L98-1364

1. Limited Liability Company's Name

JCL CAPITAL MANAGEMENT, LLC

800003478908--3  
-11/28/00--01095--012  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

2. Principal Office Address

4501 MANATEE AVE W, #179

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

BRADENTON FL

City & State

Zip

FL 34209

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

8/4/1998

6. FEI Number

59-3525647

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

Form Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

JOHN C. LAURIE

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

4501 MANATEE AVENUE WEST, #179

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34209

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*John C. Laurie*  
REGISTERED AGENT MUST SIGN

Date 10-24-00

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	JOHN C. LAURIE	4501 MANATEE AVE W, #179	BRADENTON, FL 34209

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of  
Managing Member/Manager

*John C. Laurie*

Date 10/24/00

Daytime Phone # 941-747-2211

Typed or printed name of signing Managing Member/Manager