

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

01 DEC 31 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L 98000001442**

1. Limited Liability Company's Name

BJ'S GULF COAST PRODUCTIONS, L.L.C.

2. Principal Office Address

5084 Sorrento Court

Suite, Apt. #, etc.

3. Mailing Office Address

5084 Sorrento Court

Suite, Apt. #, etc.

City & State

Cape Coral, Florida

Zip

33904

Country

USA

City & State

Cape Coral, Florida

Zip

33904

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

AUG 13, 1998

6. FEI Number

65-088-8762

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$3.00 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

William JARBOE

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

5084 Sorrento Court

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33904

600004762206-7

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*****150.00 ***150.00**

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

William A. Jarboe

REGISTERED AGENT MUST SIGN

Date

Dec 28, 2001

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	William A. Jarboe, II	5084 Sorrento Ct.	Cape Coral, FL 33904

REINSTATEMENT

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

William A. Jarboe

Date

Dec 28/01

Daytime Phone #

941-945-1693

Typed or printed name of signing Managing Member/Manager

WILLIAM A. JARBOE

CR2E041 (9/01)