

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

APPROVED
AND
02 MAY -1 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000804

1. Limited Liability Company's Name

JA OF NAPLES, LLC

REINSTATEMENT

2001-2002

2. Principal Office Address

5668 Strand Court

Suite, Apt. #, etc.

#108

City & State

Naples, FL

Zip

34110

Country

USA

3. Mailing Office Address

5668 Strand Court

Suite, Apt. #, etc.

#108

City & State

Naples, FL

Zip

34110

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

02-11-99

6. FEI Number

59-3583296

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

CLASP INC.

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

3001 Tamiami Trail N.

Suite, Apt. #, Etc.

4th Floor

City

Naples

State
FL

Zip Code
34103

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

CLASP INC.

by:

Joel Schechter, President

Date April 19, 2002

REGISTERED AGENT MUST SIGN

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	Art Shafran	5668 Strand Court #108	Naples, FL 34110
MGR	James Pierce	5668 Strand Court #108	Naples, FL 34110

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

Date

4/24/02

Daytime Phone# 239-597-8400

Typed or printed name of signing Managing Member/Manager

James Pierce, Manager

CR2041 (9/01)