

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  
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**REINSTATEMENT 2000**

DOCUMENT #

L99/2230

1. Limited Liability Company's Name

J. BAILEY'S ~~LLC~~ of OXFORD, L.C.

2. Principal Office Address

3709 CR 214

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 218

Suite, Apt. #, etc.

City & State

OXFORD, FLORIDA

Zip

Country

34484

USA

City & State

OXFORD, FLORIDA

Zip

Country

34484

USA

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified  
To Do Business in Florida

3/18/99

6. FEI Number

59-3571060-110312

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

B. Joyce Bailey

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

3709 CR 214,

Suite, Apt. #, Etc.

P.O. Box 218

City

Oxford

500003465205-2

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\*\*\*\*155.00--\*\*\*\*155.00

State

Zip Code

FL

34484

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

B. Joyce Bailey

REGISTERED AGENT MUST SIGN

Date 10/19/00

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

B. Joyce Bailey

3709 CR 214

Oxford, FL 34484

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

B. Joyce Bailey

Date

10/19/00

Daytime Phone

352-748-3363

Typed or printed name of signing Managing Member/Manager