

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 MAY -1 AM 11:05

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L 99000002230

1. Limited Liability Company's Name

J. Bailey's of OXFORD, L.C.

2. Principal Office Address

3709 CR 214

Suite, Apt. #, etc.

3. Mailing Office Address

3709 CR 214

Suite, Apt. #, etc.

City & State

OXFORD, FLORIDA

Zip

34484

Country

Sumter

City & State

OXFORD, FLORIDA

Zip

34484

Country

Sumter

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA - USA

5. Date Organized or Qualified  
To Do Business in Florida

4/20/1999

6. FEI Number

59-3571060

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

Joyce Bailey

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

3709 county Road 214

Suite, Apt. #, Etc.

2

City

OXFORD

State

FL

Zip Code

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

Joyce Bailey  
REGISTERED AGENT MUST SIGN

Date 5/2/06

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
<u>mgr</u>	<u>Joyce Bailey</u>	<u>3709 CR 214</u>	<u>OXFORD, FL 34484</u>
<u>mgr</u>	<u>Thomas M. Bailey</u>	<u>1345 CR 245A</u>	<u>OXFORD, FL 34484</u>

000075103080

05/23/06--01051--014 \*\*300.00

REINSTATEMENT 03-06

000075103080

05/23/06--01051--015 \*\*5.00

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

Joyce Bailey

Date 5/2/06

Daytime Phone # 352-748-3363

Typed or printed name of signing Managing Member/Manager

Joyce Bailey