

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 NOV 27 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

000112586050  
11/27/07--01003--012 \*\*155.00

DOCUMENT # L 9900000 2230

1. Limited Liability Company's Name

J. Bailey's of Oxford, LC

CR2E041 (8/05)

2. Principal Office Address

3709 CR 214

Suite, Apt. #, etc.

3. Mailing Office Address

3709 CR 214

Suite, Apt. #, etc.

City & State

OXFORD, FL

City & State

OXFORD, FL

Zip

34484

Country

Sumter

Zip

Country

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified  
To Do Business in Florida

4/30/1999

6. FEI Number

59-3571060

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$500 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 CR 214

Suite, Apt. #, Etc.

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

Date 11/13/07

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 m	Joyce Bailey	3709 CR 214	OXFORD, FL 34484
mgr	Thomas M Bailey	1345 CR 245A	OXFORD, FL 34484

**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

Joyce Bailey

Date 10/13/07

Daytime Phone #

352-748-3363

Typed or printed name of signing Managing Member/Manager