

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

12 DEC 14 AM 10:52

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004700

1. Limited Liability Company's Name
JLN Holdings, L.C.

2. Principal Office Address - No P.O. Box #
14255 US Highway One

Suite, Apt. #, etc.
Suite 215

City & State
Juno Beach, FL

Zip Country
33408 USA

3. Mailing Office Address
14255 US Highway One

Suite, Apt. #, etc.
Suite 215

City & State
Juno Beach, FL

Zip Country
33408 USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 08/02/1999

6. FEI Number
65-0947133

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/11)

10-12

8. Name and Address of Current Registered Agent

Name

Donald V. Farriss, Jr.

Street Address (P.O. Box Number is Not Acceptable)
14255 US Highway One

Suite, Apt. #, Etc.
Suite 215

City
Juno Beach, FL

State Zip Code
FL 33408

E-mail Address:

900242774529
12/14/12--01012--010 **521.25

MFUREN@ICARDMERRILL.COM

(To be used for future annual report notices)

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

Donald V. Farriss, Jr.

Date 12/11/2012

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	D. Gary Alvey, Manager	1514 3rd Street Circle East	Palmetto, FL 34221

REINSTATEMENT

B. BOSTICK

DEC 19 2012

EXAMINER

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 608.408, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

D. Gary Alvey

Date 12/11/2012

Daytime Phone # 941-350-7560

Typed or printed name of signing Managing Member/Manager D. Gary Alvey, Manager



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 457184 3487A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : December 13, 2012

ORDER TIME : 4:54 PM

ORDER NO. : 457184-005

CUSTOMER NO: 3487A

File 2nd.

DOMESTIC FILINGS

NAME: JLN HOLDINGS, L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext# 52956

EXAMINER'S INITIALS

B. BOSTICK

DEC 19 2012

EXAMINER

RECEIVED
DEPT. OF STATE
12 DEC 14 AM 11:05

TALLAHASSEE, FLORIDA

12 DEC 14 AM 10:54

FILED