

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **MD5000001427**

1. Limited Liability Company's Name

JNL Southeast Agency LLC

2. Principal Office Address - No P.O. Box #

1 Corporate Way

Suite, Apt. #, etc.

City & State

Lansing MI

Zip

48951

Country

USA

3. Mailing Office Address

1 Corporate Way

Suite, Apt. #, etc.

City & State

Lansing MI

Zip

48951

Country

USA

4. State/Country of Formation

Michigan

5. Date Organized or Qualified

To Do Business in Florida 3-16-2005

6. FEI Number

20-2248111

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
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Jessica M. Eisele

Jessica M. Eisele

REGISTERED ASST. SECRETARY

Date

6/27/07

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
Manag	Clifford J. Jack	401 Wilshire Blvd Suite 1200	Santa Monica CA 90401
Manag	James Livingston	7601 Technology Way	Denver CO 80237
Manag	Thomas J. Meyer	1 Corporate Way	Lansing, MI 48951

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

Thomas J. Meyer

Date

6-22-07

Daytime Phone #

517-702-2420

Typed or printed name of signing Managing Member/Manager **Thomas J. Meyer**