

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 JAN 17 AM 9:58

300294408383

CR2E041 (1/14)

DOCUMENT # M15000006041

1. Limited Liability Company's Name
DAVIS & JONES, LLC

2. Principal Office Address - No P.O. Box # 209 WEST 2ND STREET		3. Mailing Office Address 209 WEST 2ND STREET	
Suite, Apt. #, etc. SUITE 322		Suite, Apt. #, etc. SUITE 322	
City & State FORT WORTH, TX		City & State FORT WORTH, TX	
Zip 76102	Country USA	Zip 76102	Country USA

4. State/Country of Formation
Texas

5. Date Organized or Qualified
To Do Business in Florida
07/30/2015

6. FEI Number
47-2250534

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 NRAI SERVICES, INC		
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD		
Suite, Apt. #, Etc.		
City PLANTATION	State FL	Zip Code 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 805, F.S.

Signature of Registered Agent *Linda Stauffer* **Linda Stauffer, Assistant Secretary**

Date **01/16/2017**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	MATTHEW TURNER	209 WEST 2ND STREET SUITE 322	FORT WORTH, TX 76102
MGRM	JOSEPH NOLAND	209 WEST 2ND STREET SUITE 322	FORT WORTH, TX 76102
REINSTATEMENT			
2016-2017			

11. E-mail Address: **jnoland@debt-rr.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager *Joseph Noland* Date **1/16/17** Daytime Phone # **(817) 394-514**

Typed or printed name of signing Authorized Representative/Manager **JOSEPH NOLAND**

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date:

1-17-17

ACCT. I20160000072

W: C SW

Name:	DAVIS & JONES LLC
Document #:	10329816
Order #:	

Certified Copy of Arts & Amend:		Sufficient for filing	
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:	
		Number of Certs:	

Filing:	<input checked="" type="checkbox"/>	Certified:	<input type="checkbox"/>
		Plain:	<input checked="" type="checkbox"/>
		COGS:	<input type="checkbox"/>

Availability	_____
Document	_____
Examiner	_____
Updater	_____
Verifier	_____
W.P. Verifier	_____
Ref#	_____

Amount: \$ 377.50

100.00 fee
138.75 2016
138.75 2017

Thank you!