

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY REINSTATEMENT
2000
UBR

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC -4 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M96000000150**

1. Limited Liability Company's Name

J.A.R., L.L.C

2. Principal Office Address

2101 Parks Avenue

Suite, Apt. #, etc.

Suite 600

City & State

Virginia Beach, VA

Zip

23451

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Virginia

5. Date Organized or Qualified To Do Business in Florida

1/30/96

6. FEI Number

51-1794622

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

Cooper Career Institute

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

2247 Palm Beach Lakes Blvd. Suite 110

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33409

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

Evelyn A. Hannawin

Date **11/21/00**

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	Joseph D. Jaap	129 N. Witchduck Rd	Virginia Beach, VA 23462
MGR	EVELYN A. HANNAWIN	2247 PALM BEACH LAKES BLVD	WEST PALM BEACH, FL 33409
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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

Date

11/20/00

Daytime Phone #

(757) 519-9500

Typed or printed name of signing Managing Member/Manager

Joseph D. Jaap