

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
2016 MAR 16 PM 2:24  
TAMPA  
FLORIDA

**DOCUMENT #** L12000065979

1. Limited Liability Company's Name  
**JERK PIT LLC**  
**1939 E FLETCHER AVE**  
**TAMPA FL 33612**

MAR 16 2016

2. Principal Office Address - No P.O. Box #  
**1939 E FLETCHER AVE**

3. Mailing Office Address  
**1939 E FLETCHER AVE**

CR2E041 (1/14)

**L BERGER**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. State/Country of Formation  
**FLORIDA/USA**

5. Date Organized or Qualified To Do Business in Florida **09/27/2016**

City & State  
**TAMPA, FL**

City & State  
**TAMPA, FL**

6. FEI Number  
**81-1713602**

Applied For

Not Applicable

Zip Country  
**33612 USA**

Zip Country  
**33612 USA**

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a certificate of status

**8. Name and Address of Current Registered Agent**

Name  
**MARVEN LINDO**

Street Address (P.O. Box Number is Not Acceptable) Suite,  
**1939 E FLETCHER AVE**

Apt. #, Etc.

City  
**TAMPA**

State Zip Code  
**FL 33612**

100283447931  
03/16/16--01012--011 \*\*277.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent

Date **03/08/2016**

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
AR	LAWRENCE D SEKAJIPO CPA	7402 N 56TH ST STE 825	TAMPA FL 33617

11. E-mail Address: marvenlindo@yahoo.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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date **03/08/2016**

Daytime Phone # **813-971-2121**

Typed or printed name of signing authorized representative/member **MARVEN LINDO**