


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRET
TALLAHASSEE
21 MAY 14 PM 3:07

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L1500063577
1. Limited Liability Company's Name
JKG LLC

600366365736
05/14/21--01019--002 **793.75

2. Principal Office Address - No P.O. Box # 8815 CONROY WINDERMERE RD.		3. Mailing Office Address 8815 CONROY WINDERMERE RD.	
Suite, Apt. #, etc. #387		Suite, Apt. #, etc. #387	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32835	Country US	Zip 32835	Country US

CR2E041 (1/14)

4. State/Country of Formation FLORIDA/US	
5. Date Organized or Qualified To Do Business in Florida 04/10/2015	
6. FEI Number 37-1781633	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name
ROBERTO ROJAS

Street Address (P.O. Box Number is Not Acceptable) Suite,
15800 PINES BLVD. SUITE 206

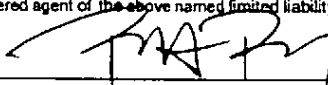
Apt. #, Etc.

City
PEMBROKE PINES

State
FL

Zip Code
33027

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 **05/11/2021**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

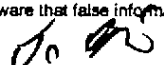
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	JAMIE TILLET	8815 CONROY WINDERMERE RD. #387	ORLANDO, FL 32835

D. BRUCE
JUN 28 2021

11. E-mail Address. **ROJAS@ROJASOLIVA.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 805.0012, 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 **05/11/2021** Daytime Phone # **407-683-7922**

Typed or printed name of signing authorized representative/member **JAMIE TILLET**