PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2022 JUL -5 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L18000166771

1. Limited Liability Company's Name
JCS CONSTRUCTION LLC

900390590519
07/05/22--01044--013 **655.00

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
7217 ROYAL OAK DR	7217 ROYAL OAK DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SPRING HILL, FL	City & State: SPRING HILL
Zip: 34607 Country: USA	Zip: 34607 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 07/15/2018

6. FEI Number: 83-1298383 ☐ 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: SPENCER WILLIAMS

Street Address (P.O. Box Number is Not Acceptable) Suite:
8091 31ST AVE N

Apt. #, Etc.

City: ST.PETERSBURG State: FL Zip Code: 33710

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: Spencer Williams Date: 6/30/2022
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
MBR	JOHN WILLIAMS	7217 ROYAL OAK DR	SPRING HILL, FL 34607

11. E-mail Address: JCS2750@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. 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.

T. WILSON
JUL 05 2022

Signature of authorized representative/member: Date: 6/30/2022 Daytime Phone #: 813-532-9150

JOHN WILLIAMS