

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L01000015787

1. Limited Liability Company's Name

**J&J Multiservices1**

**FILED**

12 FEB 21 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800222275428  
02/17/12--01021--805 \*\$823.00

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

764 W Lumsden Rd

3. Mailing Office Address

PO Box 185

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brandon FL

City & State

Durant FL

Zip

33511

Country

USA

Zip

33530

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 09/12/2001

6. FEI Number

593744152

☐ 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  
**Morris Jones**

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

764 W Lumsden Rd

Suite, Apt. #, Etc.

City

Brandon

State

FL

Zip Code

33511

E-mail Address:

**mjones@jnjmultiservices.net**

(To be used for future annual report notices)

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date **2/14/12**

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	MORRIS JONES	764 WEST LUMSDEN ROAD	BRANDON, FL 33511
MGR	VALENCIA JONES	764 WEST LUMSDEN ROAD	BRANDON, FL 33511

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. 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 Managing  
Member/Manager

*[Signature]*  
Morris Jones

Date **02/14/2012**

Daytime Phone # **813-662-0888**

Typed or printed name of signing Managing Member/Manager **Morris Jones**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2012

MORRIS JONES  
PO BOX 185  
DURANT, FL 33530

SUBJECT: J&J MULTISERVICES1 LLC  
Ref. Number: W12000009854

We have received your document for J&J MULTISERVICES1 LLC and your check(s) totaling \$823.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 512A00007446