

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 MAY 13 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT # L01000016345

1. Limited Liability Company's Name

J & E, L.L.C.

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

4971 SW Leighton Farms Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Palm City, FL

City & State

Zip

Country

34990

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida **9/21/2001**

6. FEI Number

651142116

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 **Eric Olson**

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

4971 SW Leighton Farms Rd.

Suite, Apt. #, Etc.

City

Palm City

State

FL

Zip Code

34990

E-mail Address:

05/16/11--01055--024 **932.50

500207743245

05/16/11--01055--024 **932.50

(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

REGISTERED AGENT MUST SIGN

Date

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
Mgmr	John Stiburek	1395 SW 34th Street	Palm City, FL 34990
Mgmr	Eric Olson	4971 SW Leighton Farms Rd.	Palm City, FL 34990

REINSTATEMENT

06-11 *JOZ*

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**

Eric Olson

Date

4-21-11

Daytime Phone #

(772) 260-0863

Typed or printed name of signing Managing Member/Manager