

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L02000020458

1. Limited Liability Company's Name

JOHNNY C. JONES TRUCKING LLC

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

5349 Poppy Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

5349 Poppy Dr.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32205

Country

USA

City & State

Jacksonville, FL

Zip

32205

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

9-15-06

6. FEI Number

611421811

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

JOHNNIE C. JONES

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

5349 Poppy Dr.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32205

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

JOHNNIE C. JONES

REGISTERED AGENT MUST SIGN

Date

4-24-08

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	JOHNNIE C. JONES	5349 Poppy Dr.	Jacksonville, FL 32205

REINSTATEMENT

w/o/p 06-08

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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.

Signature of
Managing Member/Manager

JOHNNIE C. JONES

Date

4-24-08

Daytime Phone #

904-803-5877

Typed or printed name of signing Managing Member/Manager

JOHNNIE C. JONES