

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L 03000024333**

1. Limited Liability Company's Name

Joseph Brothers, LLC
1218 Belmont Terr
Jacksonville, FL 32207

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

1218 Belmont Terr
Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip **32207** Country

Zip Country

8. Name and Address of Current Registered Agent

Name **Joseph, Joe**

Street Address (P.O. Box Number is Not Acceptable)
6818 Madrid Ave

Suite, Apt. #, Etc.

City **Jacksonville**

State **FL** Zip Code **32217**

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 **9/29/08**

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	Joseph, Joe	6818 Madrid Ave	Jacksonville, FL 32217
MGR	Joseph, Norman	6859 Estrada, Rd.	Jacksonville, FL 32217
MGR	Joseph, William	5722 Bender Ct	Jacksonville, FL 32216

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

[Signature]

Date **9/29/08** Daytime Phone #

Typed or printed name of signing Managing Member/Manager

FILED
OCT - 9 PM 17
1001366084210
10/07/08--01008--012 ***27.50
CR2E041 (10/08)

4. State/Country of Formation

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

20-0176253

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☒ 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.

Reinstatement
007-056