

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L63600054412

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L63600054412

1. Limited Liability Company's Name

GIL JUL, LLC

BK

2. Principal Office Address

7061 Lake Carlisle Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

7061 Lake Carlisle Blvd.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32829

Country

USA

Zip

32829

Country

USA

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified  
To Do Business in Florida

12/18/03

6. FEI Number

None

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

Ryan Julison

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

7061 Lake Carlisle Blvd.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32829

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]*

Date

10/27/04

REGISTERED AGENT MUST SIGN

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
Mr.	Edmund Gilbert	246 Freeman Street	Longwood, FL 32830
REINSTATEMENT 2004			
			700042409937 11/02/04--01074--007 **150.00
		BK	

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 608.408, 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

10/27/04

Daytime Phone #

402-241-5707

Typed or printed name of signing Managing Member/Manager

EDWARD GILBERT

MANAGING MEMBER