

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 APR 23 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000008334

1. Limited Liability Company's Name

JB Services, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
951 Pocahontas Dr

3. Mailing Office Address
951 Pocahontas Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ft Walton Bch, FL

City & State
Ft Walton Bch, FL

Zip
32579

Country
USA

Zip
32579

Country
USA

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

1/30/04

6. FEI Number

841635589

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
John E Barstow

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

Suite, Apt. #, Etc.

City
Ft Walton Bch, FL

State
FL

Zip Code
32579

☐ 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

John E Barstow

REGISTERED AGENT MUST SIGN

Date **04/15/2007**

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
M	John E Barstow	951 Pocahontas Dr	Ft Walton Bch FL 32579
			200101770442 05/08/07--01008--010 **255.00

REINSTATEMENT

05-07

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

John E Barstow

Date **4/15-07**

Daytime Phone # **850 244-8499**

Typed or printed name of signing Managing Member/Manager

John E Barstow