

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILE
DIVISION OF STATE
DIVISION OF CORPORATIONS

2021 MAR -3 PM 12:07

DOCUMENT # L04000049521

1. Limited Liability Company's Name

JDB Underground Services, LLC

300861195813
03/03/21--01008--001 **277.50

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

13345 Convent Garden RD

Suite, Apt. #, etc.

City & State

Brooksville, Florida

Zip

34613-3829

Country

United States

3. Mailing Office Address

13345 Convent Garden RD

Suite, Apt. #, etc.

City & State

Brooksville, Florida

Zip

34613-3829

Country

United States

CR2E041 (1/14)

4. State of Incorporation
Florida United States

5. Organized or Qualified
Business in Florida

7/1/2004

6. FEI Number

43-2057127

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

James D. Bramlett

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

13345 Convent Garden RD

Apt. #, Etc

City

Brooksville

State

FL

Zip Code

34613-3829

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

James D. Bramlett

REGISTERED AGENT MUST SIGN

Date 2/25/2021

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
1GRM	James D. Bramlett	13345 Convent Garden Rd	Brooksville, FL. 34613-3829

REINSTATEMENT

MAR 3 2021

R. HUNT

11. E-mail Address: JDBUnderground@TampaBay.RR.Com

(To be used for future annual report notifications)

2. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 35.0012, 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 authorized representative/member

James D. Bramlett

Date 2/25/2021

Daytime Phone # 352-597-6946

Typed or printed name of signing authorized representative/member

James D. Bramlett