

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 AUG 20 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # **LO4000073414**

1. Limited Liability Company's Name

G.B.J. Company, LLC

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

7705 Monetta DR

Suite, Apt. #, etc.

Homes

City & State

Jacksonville, FL

Zip

32277

Country

USA

3. Mailing Office Address

7705 Monetta DR

Suite, Apt. #, etc.

Homes

City & State

Jacksonville, FL

Zip

32277

Country

USA

4. State/Country of Formation

USA Florida

5. Date Organized or Qualified
To Do Business in Florida

8/16/07

6. FEL Number

37-1548036

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

Juan Nicolas Arellano JR

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

7705 Monetta DR

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32277

☐ 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

Juan Arellano
REGISTERED AGENT MUST SIGN

Date **8/15/07**

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	Juan Nicolas Arellano JR	7705 Monetta DR	Jacksonville, FL 32277

REINSTATEMENT

05-07

300108699953

08/28/07--01018--001 **250.00

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

Juan Arellano

Date **8/15/07**

Daytime Phone #

(904)654-6622

Typed or printed name of signing Managing Member/Manager

Juan Nicolas Arellano JR