

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 MAR 15 AM 10:14

DOCUMENT # L04000086444

1. Limited Liability Company's Name

J & J Caulking & Waterproofing
LLC

500197765535
03/15/11--01004--018 **238.75

500197765535
03/15/11--01004--017 **138.75
CR2E041 (1/11)

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

561 21st St SW

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Zip

34117

Country

collier

Zip

Country

4. State/Country of Formation

Florida / Collier

5. Date Organized or Qualified
To Do Business in Florida

11.30.2004

6. FEI Number

55-0885675

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 O'Grady

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

561 21st Street SW

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34117

E-mail Address:

jandjcaulkingand
waterproofing@
Yahoo.com
(To be used for future annual report notices)

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

Date 3-7-11

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
P	John O'Grady	561 21st St. SW	Naples, FL 34117
VP	Kris Nielsen	11065 W. Biscayne Blvd	Miami, FL 33161
Sec	Stacey O'Grady	561 21st St. SW	Naples, FL 34117
Tre	Todd Nielsen	9900 NE 13 Ave	Miami, FL 33138
REINSTATEMENT 10, 11			

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. 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 Managing
Member/Manager

John C. O'Grady

Date 3/8/11

Daytime Phone # 239-352-4442

Typed or printed name of signing Managing Member/Manager

APR 15 2011