

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 JUL 21 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 05 0000 53483

1. Limited Liability Company's Name

J & N TRANSPORT

000158424120
07/13/09--01066--012 **555.00

CR2E041 (10/08)

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

914 LIBERTY LN

Suite, Apt. #, etc.

3. Mailing Office Address

SAME AS ABOVE

Suite, Apt. #, etc.

City & State

AUBURNDALE, FL

City & State

Zip

33823

Country

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

5/27/2005

6. FEI Number

20-2917587

☐ 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

ISELA LUCERO

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

914 LIBERTY LN

Suite, Apt. #, Etc.

City

AUBURNDALE

State

FL

Zip Code

33823

☒ 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

Isele Lucero

Date 7/8/09

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
MGRM	<u>NOE LUCERO</u>	<u>914 LIBERTY LN</u> <u>AUBURNDALE, FL</u>	<u>AUBURNDALE, FL</u> <u>33823</u>
MGRM	<u>ISELA LUCERO</u>	<u>914 LIBERTY LN</u>	<u>AUBURNDALE, FL</u> <u>33823</u>

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

Isele Lucero

Date 7/8/09

Daytime Phone # 863-370-7254

Typed or printed name of signing Managing Member/Manager

ISELA LUCERO