

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

2007-2014

DOCUMENT #

1. Limited Liability Company's Name

L05000085321

JERZY KLUZA CONSTRUCTION SERVICES LLC

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

113 1st. St. E

Suite, Apt. #, etc.

3. Mailing Office Address

113 1st. St. E.

Suite, Apt. #, etc.

City & State

Nokomis FL

City & State

Nokomis FL

Zip

34275

Country

U.S.A

Zip

34275

Country

U.S.A

4. State/Country of Formation

Florida U.S.A

5. Date Organized or Qualified
To Do Business in Florida

67

6. FEI Number

544-53-8940

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

Jerzy Kluza

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

113 1st. Street E

Suite, Apt. #, Etc.

City

Nokomis

State

FL

Zip Code

34275

100261092891
06/10/14--01009--012 **1210.00

100261092891
06/10/14--01009--013 * 5.00

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

REGISTERED AGENT MUST SIGN

Date **6/3/14**

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
MGRM	JERZY KLUZA	113 1st. St. E	Nokomis FL 34275

11. E-mail Address: **jurekkluza@yahoo.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date **6/13/14**

Daytime Phone # **(650) 450-6624**

Typed or printed name of signing Authorized Representative/Manager **(MGRM) Jerzy Kluza**