

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 MAR 23 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500144306445
03/24/09--01030--018 **278.00
CR2E041 (10/08)

DOCUMENT # L05000092926

1. Limited Liability Company's Name

Richard H. Jones Jr Maintenance LLC

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

1324 Dings Avenue

Suite, Apt. #, etc.

City & State

Gotha Florida

Zip

34734

Country

USA

3. Mailing Office Address

PO Box 432

Suite, Apt. #, etc.

City & State

Gotha Florida

Zip

34734

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida Sept 2005

6. FEI Number

421690739

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

Richard H. Jones

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

1324 Dings Avenue

Suite, Apt. #, Etc.

City

Gotha

State

FL

Zip Code

34734

☐ 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

Richard H. Jones Jr

Date

2/20/09

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	Richard H. Jones Jr.	1324 Dings Avenue	Gotha, FL 34734
			500144306445 02/24/09--01041--004 **238.75

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

Richard H. Jones Jr

Date

2/20/09

Daytime Phone #

407 461-0146

Typed or printed name of signing Managing Member/Manager