

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 OCT -8 PM 12:31

DOCUMENT # LOS 000109445

1. Limited Liability Company's Name

JAYLALL CONSTRUCTION LLC

CR2E041 (1/07)

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

3971 S.W. McCrory St

Suite, Apt. #, etc.

3. Mailing Office Address

3971 SW.

Suite, Apt. #, etc.

McCrory Street

City & State

Port St. Lucie FL

City & State

Port St. Lucie, FL

Zip

34953

Country

USA.

Zip

34953

Country

U.S.A.

4. State/Country of Formation

FLORIDA / U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

26-1093345

☒ 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

JAGATNARINE LALL

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

3971 S.W. McCrory STREET.

Suite, Apt. #, Etc.

City

PORT SAINT LUCIE

State

FL

Zip Code

34953

☐ 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

Jagatnarine Lall

REGISTERED AGENT MUST SIGN

Date

9/27/07

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
MEM	JAGATNARINE LALL	3971 SW McCrory St	Port St. Lucie FL, 34953.

REINSTATEMENT

2006-2007

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10/08/07--01014--005 \*\*205.00

BLT

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

Jagatnarine Lall

Date

9/27/07

Daytime Phone #

772-344-4746

Typed or printed name of signing Managing Member/Manager

JAGATNARINE LALL