

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1.06000016557

1. Limited Liability Company's Name

TWO J AND D, LLC

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

6013 Johnson St

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Zip

33020

Country

US

Zip

Country

8. Name and Address of Current Registered Agent

Name

Hagan & Hagan P.A.

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

5531 GRIFFIN RD

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33312

4. State/Country of Formation

Florida US

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

20-5335764

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☒ 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

Hagan

REGISTERED AGENT MUST SIGN

Date 6-23-09

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
MYA	Domingo Garcia	6013 Johnson St.	Hollywood, FL 33024

REINSTATEMENT -07-09

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

Domingo Garcia

Date 6-23-09

Daytime Phone # 954 275 5649

Typed or printed name of signing Managing Member/Manager

C.G.