

L06000021111

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

09 OCT -5 PM 12:55

DOCUMENT # L06000021111

1. Limited Liability Company's Name

JACOBS CONTRACTING LLC

500161320085
10/05/09--01020--008 **377.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
9893 N.W. 1ST STREET

3. Mailing Office Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRISTOL FL

City & State

Zip
32321

Country
USA

Zip

Country

4. State/Country of Formation
FL, USA

5. Date Organized or Qualified
To Do Business in Florida 02/27/2006

6. FEI Number
59-3835498

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
Alvin S. Jacobs

Street Address (P.O. Box Number is Not Acceptable)
9893 N.W. 1ST STREET

Suite, Apt. #, Etc.

City
BRISTOL

State
FL

Zip Code
32321

☐ 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

Alvin S. Jacobs

REGISTERED AGENT MUST SIGN

Date 10/5/09

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
MGRM	Alvin S. Jacobs	9893 N.W. 1ST STREET	BRISTOL FL 32321

REINSTATEMENT 2008-2009

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

Alvin S. Jacobs

Date 10/5/09

Daytime Phone # 850-643-5598

Typed or printed name of signing Managing Member/Manager Alvin S. Jacobs