

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 OCT -9 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300136747073
10/08/08--01030--013 **377.50

CR2E041 (10/08)

DOCUMENT # **LO6000023192**

1. Limited Liability Company's Name

J & J Convenience Store, LLC

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

306 South 6th Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

306 South 6th Avenue

Suite, Apt. #, etc.

City & State

Wauchula, FL

City & State

Wauchula, FL

Zip

33873

Country

United States

Zip

33873

Country

United States

4. State/Country of Formation
Florida, United States

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number
20-4401332

☐ 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

Jerome Ali III

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

306 South 6th Avenue

Suite, Apt. #, Etc.

City

Wauchula, FL

State

FL

Zip Code

33873

☐ 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

Date

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
<i>MEM</i>	Jerome Ali III	306 South 6th Avenue	Wauchula, Florida 33873

REINSTATEMENT 07-08

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

Date

Daytime Phone # **823-723-0549**

Typed or printed name of signing Managing Member/Manager