

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000052703

1. Limited Liability Company's Name

J&D Hauling LLC

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

1563 Pine Street
Suite, Apt. #, etc.

3. Mailing Office Address

(SAME)
Suite, Apt. #, etc.

City & State

Niceville FL

Zip

32578

Country

US

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

5/22/06

6. FEI Number

20-4920773

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 Jerry L Gatlin

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

1563 Pine Street

Suite, Apt. #, Etc.

City Niceville

State FL

Zip Code

32578

☐ 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

X Jerry L. Gatlin

REGISTERED AGENT MUST SIGN

Date 3-10-09

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	Jerry L Gatlin	1563 Pine Street	Niceville, FL 32578
MGR	Brenda D Gatlin	"	"
	S. HAWKES		
	MAR 18 2009		
	EXAMINER		

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REINSTATEMENT
2008-09

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

X Jerry L. Gatlin

Date 3-10-09

Daytime Phone # 850-259-5441

Typed or printed name of signing Managing Member/Manager

Jerry L Gatlin