

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2016 JAN 21 A 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 206000084587

1. Limited Liability Company's Name

JIS Janitorial Service L.L.C.  
4440 Lost Pine Dr.  
Tallahassee, FL 32305

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

4440 Lost Pine Dr.  
Suite, Apt. #, etc.

3. Mailing Office Address

4440 Lost Pine Dr.  
Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32305

Country

US

Zip

32305

Country

US

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

8/28/06

6. FEI Number

06-1790834

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

Jeff Williams, JR

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

4440 Lost Pine Dr.

Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32305

400281264114  
01/21/16--01010--002 \*\*541.25

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

\* Signature of  
Registered Agent Jeff Williams

REGISTERED AGENT MUST SIGN

Date

1/21/16

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
<u>MR</u>	<u>Jeff Williams JR</u>	<u>4440 Lost Pine Dr.</u>	<u>Tallahassee, FL 32305</u>

11. E-mail Address

Jeff Williams 8102 @ Comcast. Net

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

\* Signature of authorized representative/member Jeff Williams

Date

1/21/16

Daytime Phone #

(850) 320-4561

Typed or printed name of signing authorized representative/member