

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000094909

1. Limited Liability Company's Name

AA-1 MOBILE SERVICE PLUS, LLC

2010 JUL -7 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500182635045
06/25/10--01039--003 **516.25

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #
5971 WEST BEAVER STREET

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

Zip
32254

Country
US

3. Mailing Office Address

425 BAY POINT WAY NORTH

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip
32259

Country
US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

09262007

6. FEI Number

20-5782360

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
BOBBI PEPPERS

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

425 BAY POINT WAY NORTH

Suite, Apt. #, Etc.

City
JACKSONVILLE

State
FL

Zip Code
32259

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

[Signature]

Date **06/01/2010**

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
MGRM	BOBBI PEPPERS	425 BAY POINT WAY N	JACKSONVILLE, FL 32259
MGR	DAVID PEPPERS	425 BAY POINT WAY N	JACKSONVILLE, FL 32259

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07/08/10--01004--006 **138.75

REINSTATEMENT 07-10

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

[Signature]

Date **06/01/2010**

Daytime Phone # **904-786-7007**

Typed or printed name of signing Managing Member/Manager **BOBBI PEPPERS**

CL

655.00