

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

STATEMENT

RECEIVED
DIVISION OF STATE
REGISTRATION

20 JUN 23 PM 3: 58

DOCUMENT # L06000098846

1. Limited Liability Company's Name

J W HOMES CONSTRUCTION, LLC

600349052696
07/27/20--01032--010 **818.75

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 202 HEATHERBROOKE CIR		3. Mailing Office Address 202 HEATHERBROOKE CIR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OVIEDO FL		City & State OVIEDO FL	
Zip 32765	Country USA	Zip 32765	Country USA

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent			
Name JEFFREY B WHITE			
Street Address (P.O. Box Number is Not Acceptable) Suite 202 HEATHERBROOKE CIR			
Apt. #, Etc.			
City OVIEDO		State FL	Zip Code 32765

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

REGISTERED AGENT MUST SIGN

Date 06/16/2020

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
MGRM	JEFFREY B WHITE	202 HEATHERBROOKE CIR	OVIEDO, FL 32765

11. E-mail Address: INFO@ACTIVATEMYLICENSE.COM

(To be used for future annual report notifications)

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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 _____ Date 06/16/2020 Daytime Phone # 407-637-4149

Typed or printed name of signing authorized representative/member JEFFREY B WHITE

Amanda Johns

From: donotreply@sunbiz.org
Sent: Wednesday, April 29, 2020 11:23 AM
To: info
Subject: Reinstatement Application Rejected - Document No: L06000098846 Tracking No: 9859026702CR

Document Number: L06000098846

Reinstatement Tracking Number: 9859026702CR

Your reinstatement could not be processed online, the business entity name listed above is no longer available. You must submit an amendment changing the name of your business entity with a completed reinstatement application, as well as the appropriate filing fees for each. Links to the amendment and reinstatement forms are indicated below.

When you have completed the reinstatement and amendment forms, attach a check and mail both forms together to: Florida Department of State, Division of Corporations, PO Box 6327, Tallahassee, FL 32314.
Make the check payable to the Florida Department of State.

If you have questions, please call the appropriate filing section. For Corporations, call 850-245-6059.

For Limited Liability Companies, Limited Partnerships, and Limited Liability Limited Partnerships, call 850-245-6051.

<http://form.sunbiz.org/pdf/cr2e049.pdf> Amendment Form

<http://form.sunbiz.org/pdf/cr2e041.pdf> Reinstatement Form

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