

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC -4 PM 12: 29

CR2E041 (1/07)

DOCUMENT # L06000104769

1. Limited Liability Company's Name

J.E.V. TRUCKING L.L.C.

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

1157 NW 1ST PL

Suite, Apt. #, etc.

3. Mailing Office Address

330 NE 14TH TERR

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

City & State

CAPE CORAL FL

Zip

33993

Country

LEE

Zip

33909

Country

LEE

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

09-14-2007

6. FEI Number

20-8887016

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
JOSEFINA VILLENA

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

1157 NW 1ST PL

Suite, Apt. #, Etc.

City
CAPE CORAL

State
FL

Zip Code
33993

☒ 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

Josefina Villena

REGISTERED AGENT MUST SIGN

Date **11-06-07**

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	JAMES E VILLENA	330 NE 14TH TERR	CAPE CORAL, FL, 33909
	REINSTATEMENT	2007	

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

James E Villena

Date **11-06-07**

Daytime Phone # **239-810-7118**

Typed or printed name of signing Managing Member/Manager **JAMES E VILLENA**

*Given to before me
this 19th day of Nov 2007*

HECTOR D. ALVAREZ
Notary Public - State of New York
No. 01AL6096129
Qualified in Suffolk County