

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000089663

1. Limited Liability Company's Name

Jeeps Unlimited LLC

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

1185 Court Street

Suite, Apt. #, etc.

City & State

Clearwater, Florida

Zip

33756

Country

3. Mailing Office Address

1185 Court Street

Suite, Apt. #, etc.

City & State

Clearwater, Florida

Zip

33756

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/11)

FILED
2013 JAN 16 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/16/13--01019--017 **793.75

8. Name and Address of Current Registered Agent

Name

Jeffrey Garland

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

1185 Court Street

Suite, Apt. #, Etc.

City

Clearwater, Florida

State

FL

Zip Code

33756

E-mail Address:

jeff@dieselbruiser.com

(To be used for future annual report notices)

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

REGISTERED AGENT MUST SIGN

Date

1/15/13

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	Jeffrey Garland	1185 Court Street	Clearwater, Florida 33756
MGRM	Fezije Garland	1185 Court Street	Clearwater, Florida 33756

JB

REINSTATEMENT

2009-13

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. 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 Managing
Member/Manager

Date

1/15/13

Daytime Phone #

407 727 443-3281

Typed or printed name of signing Managing Member/Manager