

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 APR 24 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name JrL Best used cars
LLC
#L07000115835

500149702685
04/13/09--01014--013 **238.75
CR2E041 (10/08)

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

4230 New TAMPA
Suite, Apt. #, etc. HWY

3. Mailing Office Address

4230 New TAMPA HWY
Suite, Apt. #, etc.

City & State

Lakeland, FL
Zip 33815 Country polk

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Lakeland, FL
Zip 33815 Country polk

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

11-16-2007 September 07

6. FEI Number

83-0501259

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 Pierre Louis Osvide

Street Address (P.O. Box Number is Not Acceptable)
4230 New TAMPA HWY

Suite, Apt. #, Etc.

City Lakeland

State FL Zip Code 33815

☒ 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 Osvide Pierre Louis
REGISTERED AGENT MUST SIGN

Date 4-8-09

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
<u>owner</u>	<u>OSVIDE PIERRE LOUIS</u>	<u>1910 MANOR DRIVE</u>	<u>ATLANTA, GA 30329</u>
<u>owner</u>	<u>Shelly Edouard</u>	<u>869 Lyons Ave</u>	<u>Irvington NJ 07111</u>

500149702685
04/27/09--01007--003 **38.75

REINSTATEMENT - 08+09

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 Osvide Pierre Louis Date 04-08-09 Daytime Phone # 862-452 6505

Typed or printed name of signing Managing Member/Manager OSVIDE PIERRE LOUIS

cl.