

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 JUN 22 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600175479226
04/13/10--01006--020 **516.25

CR2E041 (11/09)

DOCUMENT # L07000124407

1. Limited Liability Company's Name

JR Proposal Enterprises, LLC

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

128 Twilight Bay Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

128 Twilight Bay Dr.

Suite, Apt. #, etc.

City & State

Panama City Beach, FL

Zip

32407

Country

United States

City & State

Panama City Beach, FL

Zip

32407

Country

United States

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/14/2007

6. FEI Number

26-1565596

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

Jacqueline Engle

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

128 Twilight Bay Dr.

Suite, Apt. #, Etc.

City

Panama City Beach

State

FL

Zip Code

32407

☐ 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

Jacqueline Engle

REGISTERED AGENT MUST SIGN

Date 5/10/10

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	Jacqueline R Engle	128 Twilight Bay Dr.	Panama City Beach, FL 32407

REINSTATEMENT

08-10 AL

11. E-mail Address: ReneeEngle@yahoo.com

(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 Jacqueline Engle

Date 4/7/10

Daytime Phone # 850-257-3452

Typed or printed name of signing Managing Member/Manager