

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 22 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08000031707

1. Limited Liability Company's Name

Jones Trim & Repair LLC

900162031859
10/22/09--01012--017 **138.75

CR2E041 (10/08)

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

4420 Farley Ln.

Suite, Apt. #, etc.

3. Mailing Office Address

4420 Farley Ln.

Suite, Apt. #, etc.

City & State

Tall. FL.

City & State

Tall. FL.

Zip

32310

Country

U.S.A

Zip

32310

Country

U.S.A

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

3-28-2008

6. FEI Number

☒ 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

Jason Jones

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

4420 Farley Ln.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32310

☒ 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

Jason Jones

REGISTERED AGENT MUST SIGN

Date 10/22/09

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>MEM</u>	<u>Jason Jones</u>	<u>4420 Farley Ln.</u>	<u>Tall. FL. 32310</u>
<u>MEM</u>	<u>Donald Jones</u>	<u>4420 Farley Ln.</u>	<u>Tall. FL. 32310</u>
<u>MEM</u>	<u>Justin Jones</u>	<u>4420 Farley Ln.</u>	<u>Tall. FL. 32310</u>

REINSTATEMENT 2009 BRM

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

Jason Jones

Date

10/22/09

Daytime Phone #

850-567-1693

Typed or printed name of signing Managing Member/Manager