

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 DEC 31 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (11/09)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L08000096886**

1. Limited Liability Company's Name

ABK JACKS RENTALS, LLC

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

1598 MARION AVE

Suite, Apt. #, etc.

3. Mailing Office Address

1598 MARION AVE

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee

Zip

32303

Country

USA

Zip

32303

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

10/14/2008

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

J Eugene Kelley Jr

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

1598 MARION AVE

Suite, Apt. #, Etc.

RD

City

Tallahassee

State

FL

Zip Code

32303

☐ 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

J Eugene Kelley Jr

REGISTERED AGENT MUST SIGN

Date

12/31/09

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
Agm	J Eugene Kelley Jr	1598 MARION AVE	Tallahassee FL 32303

REINSTATEMENT 09

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11. E-mail Address:

(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

J Eugene Kelley Jr

Date

12/31/09

Daytime Phone

(850) 228-2054

Typed or printed name of signing Managing Member/Manager