

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 FEB 11 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

L09000008127

J'S HOSPITALITY SERVICES LLC

CR2E041 (12/13)

| | | | |
|--|----------------|--|----------------|
| 2. Principal Office Address - No P.O. Box # 7950 Front Beach Rd | | 3. Mailing Office Address 7950 FRONT BEACH RD | |
| Suite, Apt. #, etc. C | | Suite, Apt. #, etc. C | |
| City & State Panama City Beach FL | | City & State PANAMA CITY BEACH | |
| Zip 32407 | Country USA | Zip 32407 | Country BAY |

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number
80-0342299

☐ 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 LEOY JONES | | | |
| Street Address (P.O. Box Number is Not Acceptable) 1804 CLAY AVE | | | |
| Suite, Apt. #, Etc. | | | |
| City PANAMA CITY | State FL | Zip Code 32405 | |

E-mail Address:
- Jshospitalityservices44@gmail.com
400255698784
01/16/14--01012--010 **263.00

(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 605, F.S.

Signature of

Registered Agent L. JONES

Date 01/06/2014

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

| Titles AMBR/MGR | Name of Authorized Person | Street Address of Each Authorized Person | City / State / Zip |
|--------------------|---------------------------|--|----------------------|
| MGR | Leroy Jones | 1804 Clay Ave | Panama City FL 32405 |
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400255698784
02/11/14--01002--001 **148.50

REINSTATEMENT
FEB 11 2014
R. HUNT

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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

Authorized Person L. Jones

Date 01/06/2014

Daytime Phone 850 8322144

Typed or printed name of signing Authorized Person