

L09000010314

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 DEC 30 PM 1:41

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000010314

1. Limited Liability Company's Name

ALL-N-1 JOBS LLC

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

1714 ESTANCIA AVE

Suite, Apt. #, etc.

LOT 241

City & State

Jacksonville FL

Zip

32221

Country

DUVAL

3. Mailing Office Address

1714 ESTANCIA AVE LOT 241

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

32221

Country

4. State/Country of Formation

FL DUVAL

5. Date Organized or Qualified
To Do Business in Florida

02/02/09

6. FEI Number

26-4160353

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/11)

8. Name and Address of Current Registered Agent

Name

Richard E Demick JR

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

1714 ESTANCIA AVE LOT 241

Suite, Apt. #, Etc.

LOT 241

City

JACKSONVILLE

State

FL

Zip Code

32221

E-mail Address:

E-aint-right@yahoo.com

(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 608, F.S.

Signature of

Registered Agent

Richard E Demick JR

Date 10/21/11

REGISTERED AGENT MUST SIGN

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 MGR1	Richard E Demick JR	1714 ESTANCIA AVE, LOT 241	Jacksonville FL 32221
			400216543934
			01705712-01021-005 **377.50
			REINSTATEMENT
			2010-2011
			B Tadlock JAN 05 2012

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. 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 Managing
Member/Manager

Richard E Demick JR

Date 10/21/11

Daytime Phone # 904-451-3905

Typed or printed name of signing Managing Member/Manager