

L11000074467

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 533326 7840752

AUTHORIZATION

COST LIMIT : \$655.00

ORDER DATE : March 9, 2015

ORDER TIME : 3:14 PM

ORDER NO. : 533326-010

CUSTOMER NO: 7840752

DOMESTIC FILINGS

NAME: J&J SNACKS LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS

FILED
2015 MAY 15 PM 1:53
CLERK OF STATE
TALLAHASSEE FLORIDA

MAY 18 2015

J. BRUG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 22, 2015

J&J SNACKS LLC
2741 CONNIE CIRCLE
ORANGE PARK, FL 32073

SUBJECT: J&J SNACKS LLC
Ref. Number: L11000076667

RESUBMIT

Please give original
submission date as file date.

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fee for processing.

If you have any questions concerning the filing of your document, please call (850) 245-6059.


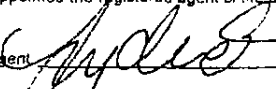
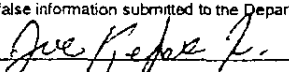
Suzanne Hawkes
Regulatory Specialist II

Letter Number: 815A00008048

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FLORIDA

RECEIVED
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15 MAY 15 AM 10:54
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SUFFICIENCY OF FILING

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L11000076667					
1. Limited Liability Company's Name J&J SNACKS LLC					
2. Principal Office Address - No P.O. Box # 2741 Connie Circle		3. Mailing Office Address 2741 Connie Circle		4. State/Country of Formation Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 07-01-2011	
City & State Orange Park, FL		City & State Orange Park, FL		6. FEI Number 45-2655741	
Zip 32073		Country USA		<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name Corporation Service Company					
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street					
Suite, Apt. #, Etc.					
City Tallahassee		State FL		Zip Code 32301	
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 				Date 5/15/15	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip		
AMBR	Joe Kepto Jr.	2741 Connie Circle	Orange Park, FL 32073		
11. E-mail Address:					
(To be used for future annual report notifications)					
12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.					
Signature of Authorized Representative/Manager 					
Date 3-24-15					
Daytime Phone # 904 269-0419					
Typed or printed name of signing Authorized Representative/Manager Joe Kepto Jr., Member					