

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

15 FEB -2 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000053478

1. Limited Liability Company's Name

J+S Chuckwagon LLC

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

814 NW CR 150

Suite, Apt. #, etc.

3. Mailing Office Address

814 NW CR 150

Suite, Apt. #, etc.

City & State

Madison, FLA 32340

City & State

Madison, FLA 32340

Zip

Country

Zip

Country

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

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

James D Pearce

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

814 NW CR 150

Suite, Apt. #, Etc.

City

Madison

State

FL

Zip Code

32340

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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

James D Pearce

REGISTERED AGENT MUST SIGN

Date 2/2/15

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
MR	JAMES D PEARCE	814 NW CR 150	MADISON FL 32340

11. E-mail Address: NONE BY MAIL ONLY

(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

James D Pearce

Date 2/2/15

Daytime Phone #

850-673-1887

Typed or printed name of signing Authorized Representative/Manager

JAMES D PEARCE