

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

17 MAR -7 PM 3 02

DOCUMENT # L12000064123

1. Corporation Name

CIRILO'S LLC

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

4200 JACKSON BLUFF RD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

Zip

32304

Country

LEON

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

800092094

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CIRILO G. GONZALEZ

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

4200 JACKSON BLUFF RD.

Suite, Apt. #, Etc.

A

City

TALLAHASSEE

State
FL

Zip Code
32304

600296430656

03/08/17--01001--007 **\$55.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Cirilo Gonzalez

Date

2/7/17

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGR	CIRILO G. GONZALEZ	4200 JACKSON BLUFF RD #A	TALLAHASSEE, FL 32304
MGR	CLAUDIA VALLE	4200 JACKSON BLUFF RD #A	TALLAHASSEE, FL 32304

REINSTATEMENT

10. E-mail Address: TERRY@NATIONALFLORIDIANJAC.COM

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, 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: Cirilo Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/17

Date

850-241-8972

Daytime Phone #

MAR -7 2017

WILLIAMS