

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000066226

1 Limited Liability Company's Name

JDL Home Repairs, LLC

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

21536 136th Ct
Suite, Apt. #, etc

3 Mailing Office Address

SAME
Suite, Apt. #, etc

City & State

Live OAK FL

City & State

FL
Zip Country

Zip

32060

Country

USA

Zip

32060
Country

8 Name and Address of Current Registered Agent

Name

Junior De Leon

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

21536 136th Ct

Apt. #, Etc

City

Live OAK FL

State

FL

Zip Code

32060

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/25/2019

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
MOZ	Junior De Leon	21536 136th Ct	Live OAK FL 32060

REINSTATEMENT

2013-2019

11. E-mail Address

RSOFL@yahoo.com

(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 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 requirement 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 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 representative/member

[Signature]

Date

5/25/19

Daytime Phone #

813-925-9132

Typed or printed name of signing authorized representative/member

JUNIOR DE LEON

FILED

2019 MAY 08 PM 3:41

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