

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 AUG 27 PM 2:16

DOCUMENT # L13000109229

1. Limited Liability Company's Name

ZQL Services LLC

200276308372
08/31/15--01001--004 **138.75

CR2E041 (1/14)

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

5291 Collins Rd.

3. Mailing Office Address

5291 Collins Rd.

City & State

Lot 314

City & State

Lot 314

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32244

Country

USA

Zip

Country

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

8-02-13

6. FEI Number

EIN
46-3326883

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

Alejandro Gomez

Street Address (P.O. Box Number is not acceptable) Suite

5291 Collins Rd.

Lot 314

City

Jacksonville

State

FL

Zip Code

32244

200276308372
08/21/15--01031--008 **5.00

200276308372
08/21/15--01031--007 **238.75

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 8-17-15

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
MGRM	Gomez, Alejandro .C.	5291 Collins Rd. Lot 314	Jacksonville FL, 32244
MGRM	Crystal gale Cleverger	5291 Collins Rd. Lot 314	Jacksonville FL, 32244
REINSTATEMENT			
2014-2015			
S. HAWKES			
AUG 24 AM			
EXAMINER			

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 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 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 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]

Typed or printed name of signing authorized representative/member

Crystal Gayle Cleverger, Alejandro .C. Gomez

Daytime Phone # (904) 271-1272