

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 FEB -3 AM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # U300052493

1. Limited Liability Company's Name

JAY EXPRESS LLC

CR2E041 (1/14)

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

2485 W. 28TH ST

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32209

Country

USA

3. Mailing Office Address

2485 W. 28TH ST

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32209

Country

USA

4. State/Country of Formation
FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

10/29/2013

6. FEI Number

46-4034100

☐ 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

REGINALD L. WILLIAMS

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

2485 W. 28TH ST

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32209

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02/03/15--01001--005 **377.50

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

Reginald Williams

REGISTERED AGENT MUST SIGN

Date 12/30/2014

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
MGR	REGINALD L. WILLIAMS	2485 W. 28TH ST	JACKSONVILLE, FL 32209
REINSTATEMENT <i>2014-2015</i>			

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DEPARTMENT OF STATE
15 JAN 30 AM 9:46

11. E-mail Address: APINEDA@PREMIERAME.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 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

Reginald Williams

Date 12/30/2014

Daytime Phone # (904) 382-4409

Typed or printed name of signing Authorized Representative/Manager

REGINALD L. WILLIAMS

FEB 2 2015