

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRET
21 MAY 14 PM 3:07
TALLAHASSEE

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000063577

1. Limited Liability Company's Name
JKG LLC

600366365736
05/14/21--01019--002 **793.75

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 8815 CONROY WINDERMERE RD.		3. Mailing Office Address 8815 CONROY WINDERMERE RD.	
Suite, Apt. #, etc. #387		Suite, Apt. #, etc. #387	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32835	Country US	Zip 32835	Country US

4. State/Country of Formation
FLORIDA/US

5. Date Organized or Qualified
To Do Business in Florida **04/10/2015**

6. FEI Number
37-1781633

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 ROBERTO ROJAS		
Street Address (P.O. Box Number is Not Acceptable) Suite, 15800 PINES BLVD. SUITE 206		
Apt. #, Etc.		
City PEMBROKE PINES	State FL	Zip Code 33027

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

REGISTERED AGENT MUST SIGN

Date **05/11/2021**

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	JAMIE TILLET	8815 CONROY WINDERMERE RD. #34	ORLANDO, FL 32835

D. BRUCE
JUN 28 2021

11. E-mail Address. **ROJAS@ROJASOLIVA.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 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

Date **05/11/2021**

Daytime Phone # **407-683-7922**

Typed or printed name of signing authorized representative/member **JAMIE TILLET**