

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

16 OCT 28 AM 9:05

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000209416

1. Limited Liability Company's Name
J&A Harvesting LLC

2. Principal Office Address - No P.O. Box #
5812 Bassa Street

3. Mailing Office Address
P.O. Box 2104

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Wimauma, FL

City & State
Wimauma, FL

Zip
33598

Country
Hillsborough

Zip
33598

Country
Hillsborough

8. Name and Address of Current Registered Agent

Name
Jose J. Horta Hernandez

Street Address (P.O. Box Number is Not Acceptable) Suite,
5812 Bassa Street

Apt. #, Etc.

9

City
Wimauma

State
FL

Zip Code
33598

CR2E041 (1/14)

4. State/Country of Formation
Hillsborough

5. Date Organized or Qualified
To Do Business in Florida 12/17/2015

6. FEI Number
47-5490523

☒ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a certificate of status

100291782571
10/28/16--01030--024 **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 Jose Jesus Horta

Date October 24, 2016

REGISTERED AGENT MUST SIGN

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
M	Aracely Nanez Meza	P.O. Box 2104	Wimauma, FL 33598

REINSTATEMENT

[Handwritten Signature]

11. E-mail Address: J.A.Harvesting@gmail.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 Jose Jesus Horta Date 10/24/16 Daytime Phone # 813-765-2976

Typed or printed name of signing authorized representative/member JOSE J. HORTA HERNANDEZ