PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2023 MAR 10 PM 2:37

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06/20/23--01020--020 **432.50

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04/24/23--01003--005 **500.00

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1. Limited Liability Company's Name
J&J Underground LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3414 SAN MOISE PLACE			
Suite Apt. # etc.		Suite Apt. # etc.	
City & State		City & State	
PLANT CITY			
Zip	Country	Zip	Country
33567	USA		

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida 1-29-16

6. FEI Number
81-1295265
☐ 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
JASON WEBB

Street Address (P.O. Box Number is Not Acceptable) Suite
3414 SAN MOISE PL

Apt. # Etc.

City	State	Zip Code
PLANT CITY	FL	33567

17-23

DC 3.10.23

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 Jason Webb Date 11-9-22
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MBR	JASON WEBB	3414 SAN MOISE PL	PLANT CITY FL 33567
MBR	JILL WEBB	3414 SAN MOISE PL	PLANT CITY FL 33567

11. E-mail Address: jandjundergrond@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 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 Jason Webb Date 11-9-22 Daytime Phone # 8133521771

Typed or printed name of signing authorized representative/member jason webb