

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L16000097458**

1. Limited Liability Company's Name

J&K Auto Transport LLC

100388382141
05/24/22--01012--008 **263.75

200393666022
08/31/22--01002--001 **356.25

CR2E041 (1/14)

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

6425 Ulmerton Rd

3. Mailing Office Address

3017 Tennessee Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo Florida

City & State

Clearwater FL

Zip

33771

Country

USA

Zip

33759

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

05/18/16

6. FEI Number

81-2612404

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

Jannai Tonge

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

3017 Tennessee Ave

Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33759

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

5/13/22

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Jannai Tonge	3017 Tennessee Ave	Clearwater FL 33759

11. E-mail Address:

J&K AutotransportLLC@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

Date

Daytime Phone #

727-239-9695

Reinst.
2010-2022
AUG 13 2022
D. CORRELL
DC

FILED
2022 AUG 11 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA