

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L16000 18 7785**

1 Limited Liability Company's Name

JSLOVETTE GROUP LLC

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

1859 Falling Leaves Ct

Suite, Apt. #, etc

City & State

Navarre FL

Zip

32566

Country

US

3 Mailing Office Address

5222 N Henry Blvd

Suite, Apt. #, etc

H Suite

City & State

Stockbridge

Zip

30281

Country

US

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

47-3360680

☒ 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

Shelina Lovett

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

1859 Falling Leaves Ct

Apt. #, Etc.

City

Navarre

State

FL

Zip Code

32566

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

Shelina Lovett

Date

REGISTERED AGENT MUST SIGN

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
P	Jarmiah Lovett	1859 Falling Leaves Ct	Navarre, FL 32566
VP	Shelina Lovett	1859 Falling Leaves Ct	Navarre, FL 32566

11. E-mail Address **WShelina80@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

Shelina Lovett

Date

Daytime Phone #

678-972-0603

Typed or printed name of signing authorized representative/member

Shelina Lovett