

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L16000224094

1. Limited Liability Company's Name

J & M #1 AUTO SERVICE LLC

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

629 N MAIN STREET

Suite, Apt. #, etc

SUITE B

City & State

GAINESVILLE FL

Zip

Country

32609

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

8. Name and Address of Current Registered Agent

Name

MARVIN MITCHELL

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

2926 N MAIN STREET SUITE B

Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

32609

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 **SEPT 10, 2024**

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
AMBR	FRANCISCO J VASQUEZ	2629 N MAIN STREET	GAINESVILLE, FL 32609
MGR	MARVIN MITCHELL	2629 N MAIN STREET	GAINESVILLE, FL 32609

11. E-mail Address:

(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

*Marvin Mitchell* 9/10/2024

Daytime Phone #

352-225-6327

2024 SEP 19 PM 4:57

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09/19/24--01019--005 \*\*793.75

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified  
To Do Business in Florida

12/7/2016

6. FEI Number

61-1812267

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status