

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2021 JUL -2 PM 1:29

ALLIANCE, FL

100363198441  
04/01/21--01003--002 \*\*\$65.00

CR2E041 (1/14)

**DOCUMENT #** L17000117768

1. Limited Liability Company's Name  
Friendship Auto Body Repair LLC

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

3301 13th ave s

Suite, Apt. #, etc

STE A

City & State

Saint Petersburg

Zip

Country

33712

USA

3. Mailing Office Address

3301 13th ave s

Suite, Apt. #, etc

STE A

City & State

Saint Petersburg

Zip

Country

33712

USA

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified  
To Do Business in Florida

12/13/2018

6. FEI Number

82-17-07-784

☒ 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

Josue Alexis

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

2151 43rd ave N

Apt. #, Etc

City

St. Petersburg

State

FL

Zip Code

33714

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

Date 03/23/2021

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

AR  
owner

Josue Alexis

2151 43rd ave n

Saint Petersburg, FL 33712

**REINSTATEMENT**

2018-2021

10

JUL 1 2021

11. E-mail Address duque4747@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


Date 03/26/2021

Daytime Phone # 7277681648

June 28, 2021

Subject: Friendship Auto Body Repair  
LLC

I Josue Alexis the owner of  
Friendship Auto Body Repair LLC  
L20000089159  
giving permission of releasing the  
name to be used for Reinstatement

Thank you  


Josue Alexis