

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L19000090394

1. Limited Liability Company's Name

JRP TRANSPORT LLC

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

6811 SCENIC DR

Suite, Apt. #, etc.

City & State

APOLLO BEACH, FL

Zip

33572

Country

USA

3. Mailing Office Address

6811 SCENIC DR

Suite, Apt. #, etc.

City & State

APOLLO BEACH, FL

Zip

33572

Country

USA

8. Name and Address of Current Registered Agent

Name

JOSE R RIVERA-PEREZ

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

6811 SCENIC DR

Apt. #, Etc.

City

APOLLO BEACH

State

FL

Zip Code

33572

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

JRP

REGISTERED AGENT MUST SIGN

Date

11-08-22

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 |
|--------|--|---|------------------------|
| MGR | JOSE R RIVERA-PEREZ | 6811 SCENIC DR | APOLLO BEACH, FL 33572 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

11. E-mail Address:

JOSERIVERACDL@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

JRP

Date

11-08-22

Daytime Phone #

(813) 573-8480

Typed or printed name of signing authorized representative/member

JOSE R RIVERA-PEREZ

FILED

2023 MAR -2 PM 2:35

900407233079
04/20/23 - 04/20/23 001 44555.00

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

04/02/2019

6. FEI Number

83-4583135

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

**\$5.00 Additional Fee required
for a certificate of status**

3/6/23

**Renst.
20-23**

DC