


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L19000247013</b> 1. Limited Liability Company's Name JB's Mobile Car Wash & Detailing			
2. Principal Office Address - No P.O. Box # 6303 Shore Vista PI Suite, Apt. #, etc.		3. Mailing Office Address 6303 Shore Vista PI Suite, Apt. #, etc.	
City & State Apollo Beach		City & State Apollo Beach	
Zip 33572	Country US	Zip 33572	Country US
8. Name and Address of Current Registered Agent Name Beatriz Villarejo Street Address (P.O. Box Number is Not Acceptable) Suite, 6303 Shore Vista Place 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 <u>Beatriz Villarejo</u> Date <u>21-Oct-22</u> <div style="text-align: center; font-size: small;">REGISTERED AGENT MUST SIGN</div>			
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
AR	Rubiela Villarejo	3020 Santee Road	Bethlehem, PA 18020
AR	Beatriz Villarejo	6303 Shore Vista PI	Apollo Beach, FL 33572
<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">REINSTATEMENT</div> <div style="font-size: 3em; font-weight: bold; opacity: 0.5;">2022</div> <div style="font-weight: bold;">NOV 22 2022</div>			
11. E-mail Address: <u>info@jbsmobilecarwash.com</u> <span style="float: right;"><u>M. WILLIAMS</u></span>			
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 <u>Beatriz Villarejo</u>		Date <u>21-Oct-22</u> Daytime Phone # <u>8133251452</u>	
Typed or printed name of signing authorized representative/member <u>Beatriz Villarejo</u>			

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4. State/Country of Formation Florida / US	
5. Date Organized or Qualified To Do Business in Florida <u>10/01/2019</u>	
6. FEI Number 88-3436420	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

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 2022 NOV 22 PM 3:03  
 TALLAHASSEE, FL  
 SECRETARY OF STATE