


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L20000246949			
1. Limited Liability Company's Name MJ HAULING UNITED LLC			
2. Principal Office Address - No P.O. Box # 3216 CRANLEIGH DR		3. Mailing Office Address 3216 CRANLEIGH DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TALLAHASSEE, FL		City & State TALLAHASSEE, FL	
Zip 32309	Country LEON	Zip 32309	Country LEON
8. Name and Address of Current Registered Agent			
Name ACHREF JERBI			
Street Address (P.O. Box Number is Not Acceptable) Suite, 3216 CRANLEIGH DR			
Apt. #, Etc.			
City TALLAHASSEE		State FL	Zip Code 32309
4. State/Country of Formation FLORIDA, USA			
5. Date Organized or Qualified To Do Business in Florida 8/13/2020			
6. FEI Number 85-2667072			
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status			
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 5/5/2024	
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
MGR	ACHREF JERBI	3216 CRANLEIGH DR	TALLAHASSEE, FL 32309
AR	ACHREF JERBI	3216 CRANLEIGH DR	TALLAHASSEE, FL 32309
11. E-mail Address: PROFESSIONALMOVERS.12@GMAIL.COM			
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 5/5/2024	Daytime Phone # 8502744779
Typed or printed name of signing authorized representative/member ACHREF JERBI			