

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2023 FEB - 10 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # L20000383412

1. Limited Liability Company's Name

A1A Junk Removal LLC

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

87 Frontier Drive

Suite, Apt. #, etc.

City & State

Palm Coast

Zip

32137

Country

Flagler

3. Mailing Office Address

87 Frontier Drive

Suite, Apt. #, etc.

City & State

Palm Coast

Zip

32137

Country

Flagler

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

01/01/2021

6. FEI Number

85-4292101

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

ZenBusiness Inc.

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

336 E. College Ave.

Apt. #, Etc.

Suite 301

City

Tallahassee

State

FL

Zip Code

32301

800402487028
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REINSTATEMENT

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

Khadijeh Hemmati
REGISTERED AGENT MUST SIGN

Date 1/26/2023

2021-2022

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
Member	Ace Routly	11 Magnolia Rd	Palm Coast, FL 32137

FEB 20 2023

M. WILLIAMS

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

Ace Routly
Ace Routly

Date

1/26/2023

Daytime Phone #

386-569-8130

Typed or printed name of signing authorized representative/member