

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L21000039529

1. Limited Liability Company's Name  
J. COLON ELITE SERVICES LLC

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

1343 MAIN STREET

Suite, Apt. #, etc.

404

City & State

SARASOTA, FL

Zip

34236

Country

US

3. Mailing Office Address

1343 MAIN STREET

Suite, Apt. #, etc.

404

City & State

SARASOTA, FL

Zip

34236

Country

US

8. Name and Address of Current Registered Agent

Name

COLON, JAVEN

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

1343 MAIN STREET

Apt. #, Etc

404

City

SARASOTA

State

FL

Zip Code

34236

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

REGISTERED AGENT MUST SIGN

Date 10/18/2024

10. Names and Street Addresses of Authorized Representatives/Managers

| Titles | Name of<br>Authorized Representatives/<br>Managers | Street Address of Each<br>Authorized Representative/<br>Manager | City / State / Zip |
|--------|--|---|--------------------|
| PRES.  | COLON, JAVEN A                                     | 1343 MAIN STREET  | SARASOTA, FL 34236 |
|        |  |   |                    |
|        |  |   |                    |
|        |  |   |                    |
|        |  |   |                    |
|        |  |   |                    |

11. E-mail Address: javencolon@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 10/18/2024

Daytime Phone # (973) 598-5421

Typed or printed name of signing authorized representative/member Javen Colón

FILED

2024 OCT 18 PM 4:15

SECRETARY OF STATE  
TALI AHASSER

700432730547

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA, US

5. Date Organized or Qualified  
To Do Business in Florida

1/04/2024

6. FEI Number

86-1911029

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status