

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JUL 12 PH 4:20

DOCUMENT # **L04000060459**

1. Limited Liability Company's Name  
**JADD, LLC**

000106268690  
07/17/07--01030--012 \*\*250.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #  
**20 Eckert Farm Rd**

3. Mailing Office Address  
**24 Lookout Point Tr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Saddle River, N.J.**

City & State  
**Totowa New Jersey**

Zip  
**07458**

Country  
**USA**

Zip  
**07512**

Country  
**USA**

4. State/Country of Formation  
**Florida, USA**

5. Date Organized or Qualified To Do Business in Florida  
**8/11/04**

6. FEI Number  
**34-2011512**

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  
**Garlick, Thomas B. Esq**  
Street Address (P.O. Box Number is Not Acceptable)  
**5551 Ridgewood Drive, Suite 101**  
Suite, Apt. #, Etc.  
**Suite 101**  
City  
**Naples** State  
**FL** Zip Code  
**34108**

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  
**Thomas B. Garlick**  
REGISTERED AGENT MUST SIGN

Date  
**6-29-07**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
M/M	Jennifer Oldja	20 Eckert Farm Rd	Saddle River NJ 07458
M/M	Diana Oldja	1 Irving Place	New York, NY 10001
M/M	Allen Oldja	24 Lookout Pt. Tr.	Totowa NJ 07512
M/M	Daniel Oldja	24 Lookout Pt. Tr.	Totowa NJ 07512
M	Verica Oldja	24 Lookout Pt. Tr.	Totowa NJ 07512

**REINSTATEMENT 2005-07**

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application under Chapter 608, 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 requirements of section 608.408, 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.

Signature of Managing Member/Manager  
**Verica Oldja** Date  
**6/21/07** Daytime Phone #  
**973 595-6005**

Typed or printed name of signing Managing Member/Manager  
**VERICA OLDJA**