

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2013 SEP -9 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L04000094128

1. Limited Liability Company's Name
JASS LLC

2. Principal Office Address - No P.O. Box # 7905 Via Obra Ct.		3. Mailing Office Address 7905 Via Obra Ct.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Highland, CA.		City & State Highland, CA	
Zip 92346	Country US	Zip 92346	Country US

CR2ED41 (1/11)

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
12/29/2004

6. FEI Number
55-0881314

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
Agents and Corporations, Inc.

Street Address (P.O. Box Numbers Not Acceptable)
300 5th Avenue South

Suite, Apt. #, Etc.
101-330

City
Naples

State
FL

Zip Code
34102

E-mail Address:
100251546411
09/09/13--01036--018 **798.75

josefsarah@yahoo.com

(To be used for future annual report notices)

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 *David H Williams* Date **9/6/13**

REGISTERED AGENT SIGN

10. Names and Street Addresses of Managing Members/Managers

ID#	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
MGRM	Alan Pan	7905 Via Obra Ct.	Highland, CA.92346
MGRM	Swanny Liem-Pan	7905 Via Obra Ct.	Highland, CA.92346

REINSTATEMENT 09-13

11. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in 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 608.406, 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.817.1RF, F.S.

Signature of Managing Member/Manager *Swanny Liem-Pan* Date **9/6/2013** Daytime Phone # **(809)647-5239**

Typed or printed name of signing Managing Member/Manager **Swanny Liem-Pan**