


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 OCT 24 9:42

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

100820154051  
10/24/18--01001--028 \*\*238.75

DOCUMENT # L17000255584  
1. Limited Liability Company's Name  
**NRG & JM ENTERPRISES, LLC.**

2. Principal Office Address - No P.O. Box # <b>2377 NE 42 AVE</b>		3. Mailing Office Address <b>2377 NE 42 AVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>HOMESTEAD</b>		City & State <b>HOMESTEAD</b>	
Zip <b>33033</b>	Country <b>MS</b>	Zip <b>33033</b>	Country <b>US</b>

CR2E041 (V14)

4. State/Country of Formation  
**FLORIDA**

5. Date Organized or Qualified To Do Business in Florida  
**12/15/2017**

6. FEI Number  
**82-3743579**  Applied For  Not Applicable

7. CERTIFICATE OF STATUS DESIRED:

8. Name and Address of Current Registered Agent

Name  
**MARIA D GOMEZ VALEZIO**

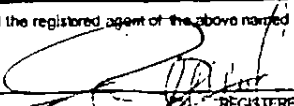
Street Address (P.O. Box Number is Not Acceptable) Suite  
**2377 NE 42 AVE**

Apt. #, Etc.

City  
**HOMESTEAD** State **FL** Zip Code **33033**

**REINSTATEMENT**  
**2018**

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 **10/1/2018**

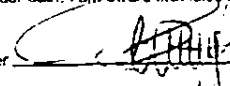
REGISTERED AGENT MUST SIGN

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	MARIA D. GOMEZ VALEZIO	2377 NE 42 AVE	HOMESTEAD FL 33033

11. E-mail Address: **madagam\_1979@hotmail.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 **10/1/2018** Daytime Phone # **(786) 720-5760**

Typed or printed name of signing authorized representative/member **M. WILLIAMS**