L07000096908

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
10 MAY 11 AM 8:16

CR2E041 (11/09)

DOCUMENT # L07000096908

1. Limited Liability Company's Name

JESSICA'S WEDDING, LLC

2. Principal Office Address - No P.O Box #	3. Mailing Office Address
1454 Commodore Way	1454 Commodore Way
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: Hollywood, FL	City & State: Hollywood, FL
Zip: 33019 Country: USA	Zip: 33019 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: ✓ 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: Roniel Rodriguez IV P.A.
Street Address (P.O. Box Number is Not Acceptable): 20533 Biscayne Blvd.
Suite, Apt. #, Etc.: 1243
City: AVENTURA State: FL Zip Code: 33180

☒ 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 _____ Date 5/4/2010
REGISTERED AGENT MUST SIGN

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
MGRM	Lorie LEMONTANG	1454 Commodore Way	Hollywood, FL 33019
MGRM	Wayne LEMONTANG	1454 Commodore Way	Hollywood, FL 33019
	REINSTATEMENT 2008-2010		400180C60094 06/11/10--01003--008 **416.25

11. E-mail Address: RON@RJRFirm.com
(To be used for future annual report notifications)

12. I certify that I am managing member/manager or 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.

Signature of Managing Member/Manager _____ Date 5/4/2010 Daytime Phone (305)773-4875

Typed or printed name of signing Managing Member/Manager WAYNE LEMONTANG