

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DIVISION OF CORPORATIONS

03 DEC -2 AM 10:40

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000004925

1. Limited Liability Company's Name

JOSALEX HOLDINGS LLC

2. Principal Office Address

14629 SW 104 ST

Suite, Apt. #, etc.

SUITE 462

City & State

MIAMI, FLORIDA

Zip

33186

Country

USA

3. Mailing Office Address

14629 SW 104 ST

Suite, Apt. #, etc.

SUITE 462

City & State

MIAMI, FLORIDA

Zip

33186

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

5/1/2000

6. FEI Number

65-1003360

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

CARLOS A. RAMIREZ

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

18243 NW 15TH LANE

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33029

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

REGISTERED AGENT MUST SIGN

Date

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
MGR	CARLOS A. RAMIREZ	18243 NW 15TH LANE	PEMBROKE PINES, FL 33029

REINSTATEMENT

03
dec

11. 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

11/11/03

Daytime Phone #

(954) 937-9945

Typed or printed name of signing Managing Member/Manager

CARLOS RAMIREZ

CR2E041 (10/02)

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Carlos A. Ramirez
18243 NW 15th Lane
Pembroke Pines, FL 33029
(954) 392-9945 – Fax 392-9957
E-mail: charly22@bellsouth.net

Ft. Lauderdale, FL
November 11th, 2003

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ATT: REINSTATEMENT

Reference: Josalex Holdings LLC – FEI # 65-1003360

Dear Ms. Diane:

I have follow your advise after our telephone conversation last week.

My company have operated in Florida since the year 2000 by an unfortunate error the yearly were sent incorrectly to the Miami-Dade County office (enclosed copy of the check).

At this point I humbly request the waiver of the reinstatement fee and enclosing the \$ 50.00 fee as per your instructions.

Thanks in advance for your cooperation

Sincerely,



Carlos A. Ramirez