FEB-25-2016 01:23 PM

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
16 JUL -7 AM 10:22

DOCUMENT # L00000006170

1 Limited Liability Company's Name
J & M Grosman, L.L.C.

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4920 Loring Dr	4920 Loring Dr
Suite, Apt. # etc.	Suite Apt. # etc.
1414	1414
City & State	City & State
West Palm Beach, FL	West Palm Beach, FL
Zip / Country	Zip / Country
33417 / U.S	33417 / U.S

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: 05/23/2000

6. FEI Number: 65-1013983 ☐ Applied For ☐ Not Applicable

7 CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required

400282806304
07/07/16--01009--018 **138.75

400282806304
03/01/16--01008--020 **238.75

8. Name and Address of Current Registered Agent

Name: Grosman, Minnie

Street Address (P.O. Box Number is Not Acceptable) Suite: 4920 Loring Dr

Apt. #, Etc.: 1414

City: West Palm Beach | State: FL | Zip Code: 33417

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: x Minnie Grosman Date: 2/25/16
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
MGRM	Grosman, Minnie	4920 Loring Dr	West Palm Beach, FL 33417

11. E-mail Address: Lgrosman@aol.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: x Minnie Grosman Date: 2/25/16 Daytime Phone #: 5612096299

Typed or printed name of signing authorized representative/member: Minnie Grosman