

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 APR 22 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000006297

1. Limited Liability Company's Name

JAMBOREE LOUNGE, L.L.C.

REINSTATEMENT

2001
2002

2. Principal Office Address
7005 BISCAYNE BOULEVARD

3. Mailing Office Address
7005 BISCAYNE BOULEVARD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33138

Country

USA

Zip

33138

Country

USA

4. State/Country of Formation

FLORIDA

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

5/26/00

6. FEI Number

APPLIED FOR

☒

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

BRIAN P. HILL

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

14060 Biscayne Boulevard

Suite, Apt. #, Etc.

#908

City

NORTH MIAMI

100005464001--5
-05/06/02--01122--001
****205.00 ****205.00

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 4/11/02

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	JUAN EDUARDO VAYAS	7005 BISCAYNE BOULEVARD	MIAMI, FLORIDA 33138

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 4/11/02

Daytime Phone# (305) 815-4123, cell 11

Typed or printed name of signing Managing Member/Manager JUAN EDUARDO VAYAS

CR2E041 (9/01)