

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUN -9 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000031085290

03/24/04--01066--002 \*\*200.00

1. DOCUMENT # L00000006297

Name and Mailing Address

0006152 01 AT 0.292 \*\*AUTO T4 0 0615 33138-573505



JAMBOREE LOUNGE, L.L.C.

7005 BISCAYNE BLVD.

MIAMI FL 33138-5735



2. New Mailing Address

7005 BISCAYNE BLVD.

City, State, Zip

MIAMI FL 33138

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

05/26/2000

Principal Place of Business

7005 BISCAYNE BLVD.  
MIAMI FL 33138

3. New Principal Place of Business Address

SAME

City, State, Zip

6. FEI Number

65-1037677

Applied For

APPLIED FOR

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

HILL, BRIAN P  
14000 BISCAYNE BLVD., #908  
NORTH MIAMI FL 33181

9. Name and Address of New Registered Agent

Name

Juan E. Vayas

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

7005 Biscayne Blvd

City

Miami

FL

Zip Code

33138

10. 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

~~SIGNATURE REQUIRED~~  
REGISTERED AGENT MUST SIGN

Date

3/21/04

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	VAYAS, JUAN E	7005 BISCAYNE BLVD.	MIAMI FL 33138
Mbr	Vayas, Alina A.	7005 Biscayne Blvd	Miami FL 33138

REINSTATEMENT

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

~~SIGNATURE REQUIRED~~

Date

3/21/04

Daytime Phone

(786) 514-9494

Typed or printed name of signing Managing Member/manager