

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

02 APR -3 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

2001-  
2002

**DOCUMENT # L00000011493**

**1. Limited Liability Company's Name**

**JORDAN IMPORT LLC**

**2. Principal Office Address**

**10300 Sunset Drive**

**3. Mailing Office Address**

**USA**

Suite, Apt. #, etc.

**Suite 470K**

Suite, Apt. #, etc.

City & State

**Miami, Fl.**

City & State

Zip

**33173**

Country

**USA**

Zip

Country

**4. State/Country of Formation**

**FLORIDA**

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

**09/21/2000**

**6. FEI Number**

**65-1041503**

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

**SIDLOSCA, RANDALL L.**

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

**999 Ponce De Leon Blvd., Suite 550**

Suite, Apt. #, Etc.

**Miami, Fl. 33134**

City

State  
**FL**

Zip Code  
**33134**

**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
MNGR	JORDAN, DOUGLAS	15381 SW 40 Terr	Miami, Fl. 33185
MNGR	JORDAN, THAIMIR	15381 SW 40 Terr	Miami, Fl. 33185

**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

**Thaimir Jordan**

Date

**1-29-02**

Daytime Phone #

**305-552-948**

Typed or printed name of signing Managing Member/Manager