

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

REINSTATEMENT 2001

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

01 OCT 18 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000014745

1. Limited Liability Company's Name

J & A LLC.

2. Principal Office Address

7135 Yacht Basin

Suite, Apt. #, etc.

Ave. 213

City & State

Orlando Florida

Zip

32835

Country

U.S.A

3. Mailing Office Address

P.O BOX 592877

Suite, Apt. #, etc.

City & State

Orlando Florida

Zip

32859-2877

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

11/30/2000

6. FEI Number

59-3683719

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

JOHN MARTINEZ

800004650228-4

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

7135 Yacht Basin

Suite, Apt. #, Etc.

Ave 213

City

Orlando Florida

State
FL

Zip Code

32835

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/15/01

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
<u>M.</u>	<u>JOHN MARTINEZ</u>	<u>7135 Yacht Basin</u> <u>Ave. 213</u>	<u>Orlando / Florida / 32835</u>

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

[Signature]

Date 10/15/01 Daytime Phone # (407) 816-2348

Typed or printed name of signing Managing Member/Manager

JOHN MARTINEZ