

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 10 AM 9:42

DOCUMENT # L00000014931

2005

1. Limited Liability Company's Name
J & A, LLC.

CR2E041 (8/05)

2. Principal Office Address
10642 Maple Chase Dr.

3. Mailing Office Address
10642 Maple Chase Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Boca Raton

City & State
Boca Raton

Zip
33498

Country

Zip
33498

Country

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 12/01/2000

6. FEI Number
65-1058946

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
KAUR, HARVINDER

Street Address (P.O. Box Number is Not Acceptable)
10642 MAPLE CHASE DR.

Suite, Apt. #, Etc.

City
BOCA RATON

State
FL

Zip Code
33498

REINSTATEMENT 2005

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

Harvinder Kaur

Date 10/05/2005

REGISTERED AGENT MUST SIGN

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	KAUR, HARVINDER	10642 Maple Chase Dr.	Boca Raton, FL 33498

300060923213
10/25/05--01058--013 **50.00

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

Harvinder Kaur

Date 10/05/2005

Daytime Phone # 561-620-8383

Typed or printed name of signing Managing Member/Manager