

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jill Smith
Secretary of State
DIVISION OF CORPORATIONS

3071

1. DOCUMENT # L01000003071

Name and Mailing Address

02 DEC -6 PM 4:36

12/0

0001204 01 FP 0,352 **PRSR T4 0 0615 33021-583621



JDW INVESTMENTS, LLC
4921 TAYLOR STREET
HOLLYWOOD FL 33021-5836

REINSTATEMENT

2002



CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

02/28/2001

6. FEI Number

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

SCHINDER, BARRY S ESQUIRE
C/O ATKINSON, DINER, STONE, MANKUTA & PLOU
1946 TYLER STREET
HOLLYWOOD FL 33020

9. Name and Address of New Registered Agent

Name

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

400009383874

12/06/02--01009--004 **150.00

City

FL

Zip Code

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

Margaret Vilella

Date

11/30/02

REGISTERED AGENT MUST SIGN

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
MGRM	VILLELLA, MARGARET Z	4921 TAYLOR STREET	HOLLYWOOD FL 33021
MGRM	VILLELLA, JOSEPH	4921 TAYLOR STREET	HOLLYWOOD FL 33021

REINSTATEMENT

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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

Joseph Vilella

Date

12/2/02

Daytime Phone #

954.445.4478

Typed or printed name of signing Managing Member/Manager

JOSEPH VILLELLA