L01000004209

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAY 14 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000004209

1. Limited Liability Company's Name

JJ&T LLC

2. Principal Office Address	3. Mailing Office Address
3550 Biscayne Blvd	3550 Biscayne Blvd
Suite, Apt. #, etc.: Suite 310	Suite, Apt. #, etc.: Suite 310
City & State: Miami, FL	City & State: Miami, FL
Zip: 33137 Country: USA	Zip: 33137 Country: USA

4. State/Country of Formation: Fla / USA

5. Date Organized or Qualified To Do Business in Florida: 3/19/01

6. FEI Number: 65-1110062 ☐ 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: Joseph Maenza

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05/14/03--01047--002 **205.00

Street Address (P.O. Box Number is Not Acceptable): 3550 Biscayne Blvd

Suite, Apt. #, Etc.: Suite 310

City: Miami State: FL Zip Code: 33137

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: Joseph Maenza Date: 5/12/03

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	Joseph Maenza	3550 Biscayne Blvd, Ste. 310	Miami, FL 33137
MGR	Anthony Tommasso	3550 Biscayne Blvd, Ste. 310	Miami, FL 33137
MGR	Jeffrey Galpern	3550 Biscayne Blvd, Ste. 310	Miami, FL 33137
		REINSTATEMENT 02-03	
			dcc

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: Joseph Maenza Date: 5/12/03 Daytime Phone #: 305-573-4634

Typed or printed name of signing Managing Member/Manager: _____