

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
J. Thomas Family, LLC  
Division of Corporations

FILED

06 NOV 12 AM 11:45

1. DOCUMENT # L01000009867

Name and Mailing Address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400002936324

11/12/02--01085--010 \*\*\*155.00

0008679 01 FP 0.352 \*\*PRSRT H7 0 0615 33139-330121



J. THOMAS FAMILY, LLC  
1521 ALTON ROAD, SUITE 366  
MIAMI BEACH FL 33139-3301



2. New Mailing Address

City, State, Zip

Principal Place of Business

1521 ALTON ROAD, SUITE 366  
MIAMI BEACH FL 33139

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

06/20/2001

6. FEI Number

65-1118621

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

~~MATONLEY, JAMES E~~  
1521 ALTON ROAD, SUITE 366  
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name J. H. PARKER

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

1521 ALTON ROAD SUITE 366

City MIAMI BEACH

FL

Zip Code 33139

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

*JH Parker*  
REGISTERED AGENT MUST SIGN

Date 11/6/02

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
PRES.	J. THOMAS	85 PARK AVE VERONA NJ 07044	VERONA, NJ 07044

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

*JT*

Date

11/6/02

Daytime Phone

(561) 644-2290

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)