

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
 FILED
 DIVISION OF CORPORATIONS

05 JUN 13 AM 10:32

**LIMITED LIABILITY
 COMPANY
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L 01000015322

1. Limited Liability Company's Name

JT ENTERPRISES, LLC

2. Principal Office Address

10341 SW 224 TERR

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33190

Country

USA

City & State

Zip

Country

4. State/Country of Formation

FL-99

5. Date Organized or Qualified
 To Do Business in Florida

1-1-99

6. FEI Number

73-3035461

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

JAMES H WALKER

000055381780

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

12285 SW 151ST

05/26/05--01071--003

**150.00

Suite, Apt. #, Etc.

201

REINSTATEMENT 03-05

City

MIAMI

State
 FL

Zip Code

33186

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

JH Walker

REGISTERED AGENT MUST SIGN

Date May 23, 05

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
PD	JACQUES ASSELIN	10341 SW 224 TERR	MIAMI FL 33190
VP/MD	JANE ASSELIN	10341 SW 224 TERR	MIAMI FL 33190

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

Jacques Asselin

Date

5/23/05

Daytime Phone #

305-233-3256

Typed or printed name of signing Managing Member/Manager

JACQUES ASSELIN