PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

.IMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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)CUMENT # L02000013375

Limited Liability Company's Name
J&K HOLDINGS, L.L.C.

400354728824
11/04/20--01015--024 **210.00

CR2E041 (1/14)

Principal Office Address - No P.O. Box #	3. Mailing Office Address
01 SW 10TH STREET	1701 SW 10TH STREET
e, Apt #, etc.	Suite, Apt. #, etc
& State	City & State
AMI, FL	MIAMI, FL
Country	Zip / Country
135 USA	33135 USA

4. State/Country of Formation
FLORIDA

5 Date Organized or Qualified To Do Business in Florida 05/31/2002

6. FEI Number
04-3680137
☐ 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**

lame
REENSPOON MARDER, P.A.

reet Address (P O. Box Number is Not Acceptable) Suite
0 W. CYPRESS CREEK ROAD, SUITE 700

pt. #, Etc

ity / State / Zip Code
IRT LAUDERDALE FL 33309

I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S

inature of
gistered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

Names and Street Addresses of Authorized Representatives/Managers

les	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
R/AR	JORGE CASTRO	1701 SW 10TH STREET	MIAMI, FL 33135

REIS[illegible]

INT 10
2013-2020

E-mail Address JorgeCastro62@hotmail.com
(To be used for future annual report notifications)

certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further ly that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 0012, 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 have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree y as provided for in s. 817.155, F.S.

ature of authorized representative/member X _____ Date 10/30/2020 Daytime Phone # (305) 443-2088

d or printed name of signing authorized representative/member _____