

L02000015492

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF REVENUE

SECRETARY OF STATE

DIVISION OF CORPORATIONS

DOCUMENT # L02000015492

1. Limited Liability Company's Name  
Jabor, LLC

REINSTATEMENT 2003 2004

2. Principal Office Address  
809 Lincoln Road

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33139

Country

USA

3. Mailing Office Address

255 Alhambra Circle

Suite, Apt. #, etc.

720

City & State

Coral Gables, FL

Zip

33134

Country

USA

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4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

6/20/02

6. FEI Number

65-0515546

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

Hernandez & Company, P.A.

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

255 Alhambra Circle

Suite, Apt. #, Etc.

720

City

Coral Gables

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date

2/25/4

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
MM	Cesar Borja	809 Lincoln Road	Miami Beach, FL 33139

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

Date

2/26/4

Daytime Phone #

305 444-8800

Typed or printed name of signing Managing Member/Manager