

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

OCT 15 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800136806918  
10/10/08--01022--003 \*\*277.50

CR2E041 (12/07)

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L02000015492**

1. Limited Liability Company's Name

JABOR, LLC

2. Principal Office Address - No P.O. Box #

3330 N.E. 190TH STREET

Suite, Apt. #, etc.

#1519

City & State

FLORIDA

Zip

33180

Country

AVENTURA

3. Mailing Office Address

3330 N.E. 190TH STREET

Suite, Apt. #, etc.

#1519

City & State

FLORIDA

Zip

33180

Country

AVENTURA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida

06/20/2002

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)

2320 PONCE DE LEON BLVD

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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 9/22/08

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
MGRM	BORJA, CESAR	3330 N.E. 190TH STREET #1519	AVENTURA, FL 331810

REINSTATEMENT

07-08

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

9/22/08

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CESAR BORJA