

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

DEPARTMENT OF STATE
General Services
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 17 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000016549

Name and Mailing Address

0005517 01 AT 0.292 **AUTO T2 2 0615 33071-566178



JABAHATRI INVESTMENT GROUP L.L.C.
1078 CORAL CLUB DRIVE
CORAL SPRINGS FL 33071-5661



2. New Mailing Address

5380 W. STATE RD. 84 STE. 4

City, State, Zip

DAVIE, FL 33314

Principal Place of Business

1078 CORAL CLUB DRIVE
CORAL SPRINGS FL 33071

3. New Principal Place of Business Address

5380 W. STATE RD. 84 STE. 4

City, State, Zip

DAVIE, FL 33314

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

07/01/2002

6. FEI Number

SSO788272

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

HEPBURN, KEITH
1078 CORAL CLUB DRIVE
CORAL SPRINGS FL 33071

9. Name and Address of New Registered Agent

Name

KEITH HEPBURN

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

5380 W. STATE RD. 84 STE. 4

City DAVIE

FL

Zip Code
33314

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

SIGNATURE REQUIRED

Date

12-12-03

REGISTERED AGENT MUST SIGN

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
MGR	HEPBURN, KEITH	1078 CORAL CLUB DRIVE 5812 NW 91 ST.	CORAL SPRINGS FL 33071 LAUDERHILL, FL 33313
MGR	LEWIN, DELROY	7073 N.W. 47TH PLACE	LAUDERHILL FL 33318
MGR	TAYLOR, ERROL RESIGNED	2200 NW 28TH TERRACE RESIGNED	FT. LAUDERDALE FL 33311 RESIGNED
MGR	LUCIUS, GESNEL	4164 INVERRARY DRIVE #711	LAUDERHILL FL 33318
REINSTATEMENT 2003			500025562515 12/17/03--01061--019 ***155.00 M THOMAS

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

SIGNATURE REQUIRED

Date 12-12-03

Daytime Phone #

954 709-4235

Typed or printed name of signing Managing Member/Manager