

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Nov 17, 2003 8:00 A.M.
Secretary of State

DOCUMENT # L02000016666

1. Limited Liability Company's Name

GG PARTNERS, LLC

2. Principal Office Address

134 Rosales Court

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33142

Country

U.S.A.

3. Mailing Office Address

134 Rosales Court

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33143

Country

U.S.A.

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

7/02/02

6. FEI Number

42-1561979

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

Jacqueline D. Green

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

134 Rosales Court

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33143

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

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	Jacqueline D. Green	134 Rosales Court	Miami, FL 33143

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

11/1/03

Daytime Phone # C/o 561-626-2101

Typed or printed name of signing Managing Member/Manager

Jacqueline D. Green

CR2E041 (10/02)

292

JG Partners, LLC
134 Rosales Court
Miami, FL 33143

October 29, 2003

FILED
2003 NOV 12 PM 4:25
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Department of State
Registration Section, Limited Liability Company
P.O. Box 6327
Tallahassee, Florida 32314

Re: JG Partners, LLC

Dear Sir or Madam:

Please be advised that we never received the first or second mailings for the annual report. We therefore request that you waive all late fees. Please make sure our address is correctly reflected in your records.

Pursuant to instructions from your office, we have enclosed the reinstatement application with a check in the amount of \$50.00 representing the filing fees for the limited liability company. Thank you.

Sincerely,



Jacqueline D. Green

Enclosures as Stated