

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 PM 5:27

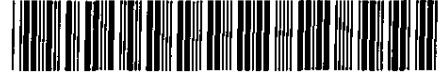
1. DOCUMENT # L02000030377

Name and Mailing Address

0008335 01 AT 0.292 **AUTO T1 0 0615 33309-393625



J.M.O. HOLDING, LLC
4525 NW 8TH AVENUE
OAKLAND PARK FL 33309-3936



2. New Mailing Address

12766 Spikerush Circle

City, State, Zip BOCA RATON FL 33428

Principal Place of Business

4525 NW 8TH AVENUE
OAKLAND PARK FL 33309

3. New Principal Place of Business Address

12766 Spikerush Circle

City, State, Zip BOCA RATON, FL 33428

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 11/13/2002

6. FEI Number

☒ 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

ROSENBERG, ARTHUR R
4875 NORTH FEDERAL HIGHWAY, 7TH FLOOR
FORT LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

Name Michael O'Neal

Street Address (P.O. Box Number is Not Acceptable)
12766 Spikerush Circle

City BOCA RATON FL Zip Code 33428

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]
REGISTERED AGENT MUST SIGN

Date 10-31-03

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 |
|----------|--------------------------------------|---|----------------------|
| Pres | Julie M. O'Neal | 12766 SPIKERUSH CIR BOCA RATON FL 33428 | BOCA RATON, FL 33428 |
| Director | Michael O'Neal | 12766 SPIKERUSH CIR | BOCA RATON, FL 33428 |

900024564589
11/10/03--01064--011 **150.00

REINSTATEMENT

03
dec

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]
REGISTERED AGENT MUST SIGN

Date 10-31-05 Daytime Phone # 561-305-0439

Typed or printed name of signing Managing Member/Manager

Michael O'Neal

CR2E084 (7/03)