

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 23 AM 9:22

DOCUMENT #

1. Limited Liability Company's Name

L020000031962
JJM RESTAURANTS, L.L.C.

300086822363
01/31/07--01049--014 **150.00

CR2E041 (1/07)

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

5595 OVERSEAS HIGHWAY

3. Mailing Office Address

270 SOUTH POINT DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARATHON FL

City & State

SUGARLOAF SHORES

Zip

33050

Country

USA

Zip

33042

Country

USA

4. State/Country of Formation

New Jersey

5. Date Organized or Qualified
To Do Business in Florida

11-27-02

6. FEI Number

223588940

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

JACK MARCHANT

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

270 SOUTH POINT DRIVE

Suite, Apt. #, Etc.

City

SUGARLOAF SHORES

State

FL

Zip Code

33042

☒ 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

Jack Marchant

Date 1-19-07

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|------------------------------|
| MEMBER | JACK MARCHANT | 270 SOUTH POINT DR | SUGARLOAF SHORES FL 33042 |
| | | | |
| | | | |
| | | | |
| | | | 05-07 |
| | | | |

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

Jack Marchant

Date 1-19-07

Daytime Phone # 305 745 8986

Typed or printed name of signing Managing Member/Manager

JACK MARCHANT