

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1. Limited Liability Company's Name

J. and B. L.L.C.

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

10598 NW S. River Drive

Suite, Apt. #, etc.

City & State
Medley, Florida

Zip
33178

Country
USA

3. Mailing Office Address

10598 NW S. River Drive

Suite, Apt. #, etc.

City & State
Medley, Florida

Zip
33178

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 12/16/02

6. FEI Number
421564445

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
William Miranda

Street Address (P.O. Box Number is Not Acceptable)
10598 NW S. River Drive

Suite, Apt. #, Etc.

City
Medley

State
FL

Zip Code
33178

☒ 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 William Miranda

Date 10/30/08

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	Isle Partners, L.L.C.	10598 NW S. River Drive	Medley, Florida 33178

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. Isle Partners, LLC Managing Member by [Signature]

Signature of
Managing Member/Manager

Date _____

*10/30/08

Dayt

Daytime Phone # **X305 883 1920**

Typed or printed name of signing Managing Member/Manager Isle Partners, L.L.C., Managing Member, by William Miranda, Mgr