

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 SEP 30 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000033608

1. Limited Liability Company's Name

J. and B. L.L.C.

100186079101
09/30/10--01024--014 **437.50

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #
10598 NW South River Drive

3. Mailing Office Address
10598 NW South River Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Medley, FL

City & State
Medley, FL

Zip
33178

Country
US

Zip
33178

Country
US

4. State/Country of Formation
Florida

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

6. FEI Number
42-1564445

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 South River Drive

Suite, Apt. #, Etc.

City
Medley

State
FL

Zip Code
33178

REINSTATEMENT

209-108RM

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

William Miranda

Date 9/29/10

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
MGRM	Isle Partners, L.L.C.	10598 NW South River Drive	Medley, FL 33178

11. E-mail Address: wimirandaconst@aol.com

(To be used for future annual report notifications)

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

William Miranda

Date 9/29/10

Daytime Phone # 305 725 7036

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