

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L03000009406

1. Limited Liability Company's Name

**JFJ Export & Import, L.L.C.**

2. Principal Office Address - No P.O. Box #  
2406 Vulcan Road

Suite, Apt. #, etc.

City & State  
Apopka, Florida

Zip  
32703

Country  
U.S.A.

3. Mailing Office Address  
2406 Vulcan Road

Suite, Apt. #, etc.

City & State  
Apopka, Florida

Zip  
32703

Country  
U.S.A.

4. State/Country of Formation  
Florida, U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida 3/14/03

6. FEI Number  
061682609

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  
Francis X. Mendez, Esq.

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

Suite, Apt. #, Etc.

City  
Maitland

State  
FL

Zip Code  
32751

☐ 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.

06-07  
CA 1/8

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 12/19/07

**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
MGMR	Jose Carrasco	2406 Vulcan Road	Apopka, FL 32703
Member	Jose Montilla	2406 Vulcan Road	Apopka, FL 32703
Member	Fabia A. Carrasco	2406 Vulcan Road	Apopka, FL 32703
MGMR	Josephine I. Diaz	8762 Pisa Dr. Apt. 234	Orlando, FL 32810
MGMR	Isabel J. Diaz	8762 Pisa Dr. Apt. 234	Orlando, FL 32810

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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 12/19/07

Daytime Phone #

407-692-2328

C# 407-431-6420

Typed or printed name of signing Managing Member/Manager