

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000014674

1. Entity Name
JMF SALES, LLC



FILED

2005 APR 28 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
186 SPYGLASS LANE
JUPITER, FL 33477

Mailing Address
186 SPYGLASS LANE
JUPITER, FL 33477

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
c/o Mahoney Cohen
1200 Brickell Ave Suite 700
City & State
Miami FL
Zip
33131
Country
USA



04252005 REIN-LLC CR2E101 (6/04)

4. FEI Number
Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
COLEMAN, ANTHONY G JR.
3275 WEST HILLSBORO BLVD., STE. 207
DEERFIELD BEACH, FL 33487

7. Name and Address of New Registered Agent
Name
Jack Friedland
Street Address (P.O. Box Number is Not Acceptable)
186 Spyglass Lane
City
Jupiter
FL
Zip Code
33477

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE 4/26/05

FILE NOW!!! FEE IS \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member MGRM Jack Friedland 186 Spyglass Lane Jupiter FL 33477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* * 4/26/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #