PLEASE READ ALL INSTRUCTIONS BEFOR

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 DEC 30 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

DOCUMENT # L03000017571

1. Limited Liability Company's Name
JRY/MLY, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
231 Codrington Drive	231 Codrington Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lauderdale by the Sea, FL	City & State: Lauderdale by the Sea, FL
Zip: 33308 Country: USA	Zip: 33308 Country: USA

4. State/Country of Formation
FL/USA

5. Date Organized or Qualified To Do Business in Florida
8/15/2003

6. FEI Number
550832673
☐ 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
Kenneth L. Young

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

Suite, Apt. #, Etc.

City: Lauderdale by the Sea | State: FL | Zip Code: 33308

800267730958
12/23/14--01031--013 **307.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Ken Young Date: 12-16-14
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Kenneth L. Young	231 Codrington Drive	Lauderdale by the Sea, FL 33308
	W14-76756	REINSTATEMENT 2013-2014	

11. E-mail Address:
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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; I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Ken Young Date: 12-16-14 Daytime Phone #: 813 223-5351

Typed or printed name of signing Authorized Representative/Manager: