PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
14 NOV 13 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000022362

1. Limited Liability Company's Name
JLF, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6430 SW 73 Ct.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State
Zip: 33143 Country: USA	Zip Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: June 16, 2003

6. F[illegible] ☐ 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: Dr. Jeffrey L. Fine

Street Address (P.O. Box Number is Not Acceptable): 6430 SW 73 Ct.

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33143

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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: X Jeffrey L. Fine Date: November 9, 2014

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
Member	Jeffrey L. Fine	6430 SW 73 Ct.	Miami, Florida 33143
Member	Dalit Fine	6430 SW 73 Ct.	Miami, Florida 33143
	REINSTATEMENT 2009-2014		NOV 14 2014
			T. HAMPTON

11. E-mail Address: drjfine@gmail.com
(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: Date: Nov. 9, 2014 Daytime Phone #: 866-667-7609

Typed or printed name of signing Authorized Representative/Manager: Jeffrey L. Fine