

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 SEP 24 AM 10:06

DOCUMENT # L03000025300

1. Limited Liability Company's Name

JD R.E. Investment IV, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

5401 N. University Dr

5401 N. University Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 204

Suite 204

City & State

City & State

Coral Springs, FL

Coral Springs, FL

Zip

Zip

Country

Country

33067

USA

33067

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

07/11/2003

6. FEI Number

86-1071790

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

Dubrow Duker & Associates, P.A.

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

5401 N. University Drive

Suite, Apt. #, Etc.

Suite 204

City

Coral Springs

State

FL

Zip Code

33067

☒ 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.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/21/09

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
MGR	Steven D. Duker	5401 N. University Dr, #204	Coral Springs, FL 33067
MGR	Neal B. Janov	5401 N. University Dr, #204	Coral Springs, FL 33067

REINSTATEMENT 2006-2009

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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

[Signature]

Date

9/21/09

Daytime Phone #

(954) 345-0323

Typed or printed name of signing Managing Member/Manager

Managing member