

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

OCT -3 AM 11:04

DOCUMENT # L03 ————— 53084

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Limited Liability Company's Name

JV3 CAPITAL Management LLC

000136438950
09/29/08--01066--001 **282.50
CR2E041 (12/07)

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

4615 Hammock Circle
Suite, Apt. #, etc.

3. Mailing Office Address

4615 Hammock Circle
Suite, Apt. #, etc.

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

12-15-03

City & State

Delray Beach FL

City & State

Delray Beach FL

Zip

33445

Country

Palm Beach

Zip

33445

Country

USA

6. FEI Number

37-1480692

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

JOSEPH VALLARELLA III

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

4615 Hammock Circle

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33445

☒ 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 9-23-08

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
<u>MEM</u>	<u>JOSEPH VALLARELLA III</u>	<u>4615 Hammock Circle</u>	<u>Delray Beach FL 33445</u>

REINSTATEMENT 07-08

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 9-23-08

Daytime Phone # 561-350-9315

Typed or printed name of signing Managing Member/Manager

JOSEPH VALLARELLA III