

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

08 AUG 28 AM 10: 08

DOCUMENT # L04000024074

1. Limited Liability Company's Name

JLMM FI. Holdings, LLC

800135279758
09/03/08--01007--011 **555.00

CR2E041 (12/07)

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

645 Pineville Road

Suite, Apt. #, etc.

City & State

Newtown, Pa

Zip

18940

Country

USA

3. Mailing Office Address

645 Pineville Road

Suite, Apt. #, etc.

City & State

Newtown, Pa

Zip

18940

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

01/01/2004

6. FEI Number

06-1723249

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 L. Wesley

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

1600 South Ocean Blvd

Suite, Apt. #, Etc.

UPH 02

City

Pompano Beach

State

FL

Zip Code

33062

☒ 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

Joseph L. Wesley

REGISTERED AGENT MUST SIGN

Date 7/29/08

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
Pres	Joseph L. Wesley	1600 South Ocean Blvd-	Pompano Beach, FL-33062
Sec/Treas	Marion M. Wesley	645 Pineville Road	Newtown, PA 18940

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

Joseph L. Wesley

Date 7/29/08

Daytime Phone # 215-598-7770

Typed or printed name of signing Managing Member/Manager

Joseph L. Wesley