

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 NOV 12 PM 2:34

LIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000025152

1. Limited Liability Company's Name

Jasan, LLC

CR2E041 (10/08)

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

170 North Ocean Blvd

Suite, Apt. #, etc.

204

City &amp; State

Palm Beach, Florida

Zip

33480

Country

USA

3. Mailing Office Address

170 North Ocean Blvd

Suite, Apt. #, etc.

204

City &amp; State

Palm Beach, Florida

Zip

33480

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

April 22, 2004

6. FEI Number

421627853

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

Sanford Blank

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

170 North Ocean Blvd

Suite, Apt. #, Etc.

204

City

Palm Beach, Florida

State

FL

Zip Code

33480

☐ 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*Sanford P. Blank*

REGISTERED AGENT MUST SIGN

Date 11/7/2008

## 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
MGRM	Sanford Blank	170 North Ocean Blvd-204	Palm Beach, FL 33480

000137853320  
11/12/08--01037--013 \*\*521.25

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*Sanford P. Blank*

Date 11/7/2008

Daytime Phone# 1-908-565-4800

Typed or printed name of signing Managing Member/Manager Sanford Blank