

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # L 040000 41146

1. Limited Liability Company's Name

JM LLC

CR2E041 (1/14)

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

1750 NE 191ST

Suite, Apt. #, etc.

820

City & State

MIAMI FL

Zip

33179

Country

3. Mailing Office Address

1750 NE 191ST

Suite, Apt. #, etc.

820

City & State

MIAMI

Zip

33179

Country

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

JUNE 1, 2004

6. FEI Number

20 1231806

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

JAIRO ALBERTO ACEVEDO

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

1750 NE 191 ST

Suite, Apt. #, Etc.

820

City

MIAMI

State

FL

Zip Code

33179

08/25/14--01005--001 **818.75

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08/25/14--01005--001 **818.75

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

Jairo Alberto Acevedo

REGISTERED AGENT MUST SIGN

Date

3/12/2014

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
MGR	Jairo Alberto Acevedo	1750 NE 191ST #820	N.N.B. FL 33179
A.R.	MARIAE BARRERA	1750 NE 191ST #820	N.N.B. FL 33179

11. E-mail Address: AMANDANENA@Yahoo.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

Jairo Alberto Acevedo

Date

3/12/2014

Daytime Phone #

786 200 0694

Typed or printed name of signing Authorized Representative/Manager

JAIRO ALBERTO ACEVEDO