

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 13 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L04000042386**

1. Limited Liability Company's Name

JR CHEM, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
10765 SW 104 ST

3. Mailing Office Address
10765 SW 104 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami FL

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Miami FL

Zip **33176** Country **USA**

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4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **06-04-2004**

6. FEI Number
760789815

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
Manuel L. Crespo, Esq.

Street Address (P.O. Box Number is Not Acceptable)
10765 SW 104 ST

Suite, Apt. #, Etc.

City
MIAMI

State **FL** Zip Code **33176**

☒ 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

REGISTERED AGENT MUST SIGN

Date **05-02-2007**

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	Jose E. Ramirez	10765 SW 104 ST	Miami, FL 33176

REINSTATEMENT

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

Date **05-02-2007** Daytime Phone # **305-630-9966x207**

Typed or printed name of signing Managing Member/Manager **Jose E. Ramirez**