

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000042386

1. Limited Liability Company's Name

JR CHEM, LLC

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

2831 N. Ocean Boulevard

Suite, Apt. #, etc.

Apt. # 207N

City & State

Fort Lauderdale, Florida

Zip

33308

Country

United States

3. Mailing Office Address

2831 N. Ocean Boulevard

Suite, Apt. #, etc.

Apt. # 207N

City & State

Fort Lauderdale, Florida

Zip

33308

Country

United States

8. Name and Address of Current Registered Agent

Name

QUESADA LAW

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

1313 Ponce de Leon Boulevard

Apt. #, Etc.

Suite 200

City

Coral Gables

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN.

Date 10/27/2015

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	Jose E. Ramirez	2831 N. Ocean Boulevard, Apt. # 207N	Fort Lauderdale, Florida 33308

REINSTATEMENT

2014-2015

11. E-mail Address: perky3@aol.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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

10/27/2015

Daytime Phone #

(305) 527-5379

Typed or printed name of signing authorized representative/member

Jose E. Ramirez

FILED

15 NOV -3 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

Florida/ United States

5. Date Organized or Qualified

To Do Business in Florida 06/04/2004

6. FEI Number

76-0789815

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a certificate of status

NOV -3 2015

L. SELLER

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