

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000047270

1. Limited Liability Company's Name

JOKRIMA LLC.

2. Principal Office Address - No P.O. Box #
247 SW 8 STREET

Suite, Apt. #, etc.
364

City & State
MIAMI, FL

Zip
33130

Country

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 06-23-2004

6. FEI Number
20-1296743

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
MARK BLANCO

Street Address (P.O. Box Number is Not Acceptable)
247 SW 8 STREET

Suite, Apt. #, Etc.
364

City
MIAMI

State
FL

Zip Code
33160

☒ 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 Mark Blanco
REGISTERED AGENT MUST SIGN

Date _____

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	MARK BLANCO	247 SW 8 STREET # 364	MIAMI, FL 33160

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 Mark Blanco Date 12-05-07

Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager MARK BLANCO

FILED
01 DEC -6 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
CR2E041

REINSTATEMENT 2005-2007

600112949016
12/07/07 01043 005 \$4150.00