

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 JAN 20 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT # L04000058557

1. Limited Liability Company's Name

JML Investments, LLC
5531 N University Dr. #103
Coral Springs, Florida 33067

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

5531 N University Dr.

Suite, Apt. #, etc.

#103

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Coral Springs,

City & State

Florida

Zip

33067

Country

USA

Zip

Country

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

20-1477097

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

Joel Leibovitch

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

5531 N. University Dr. #103

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33067

E-mail Address:

600219050826

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beatle.corn@aol.com

(To be used for future annual report notices)

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

Joel Leibovitch
REGISTERED AGENT MUST SIGN

Date 1-19-12

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
<u>MGR</u>	<u>Joel Leibovitch</u>	<u>5531 N. University Dr.</u>	<u>Coral Springs, FL</u>
		<u>#103</u>	<u>33067</u>

REINSTATEMENT - 2010 - 2012

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. 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 Managing
Member/Manager

Joel Leibovitch

Date 1-19-12

Daytime Phone #

954-649-2800

Typed or printed name of signing Managing Member/Manager