1 of 2

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2006 OCT 24 A 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000067506

1. Limited Liability Company's Name
JHM PINECREST LLC

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
777 Brickell Avenue	777 Brickell Avenue
Suite, Apt. #, etc. Suite 1000	Suite, Apt. #, etc. Suite 1000
City & State Miami, Florida	City & State Miami, Florida
Zip 33131 Country USA	Zip 33131 Country USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 09/14/2004

6. FEI Number: ☐ 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: Jay H. Massirman

Street Address (P.O. Box Number is Not Acceptable): 777 Brickell Avenue

Suite, Apt. #, Etc.: Suite 1000

City: Miami State: FL Zip Code: 33131

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 _____ Date October 17, 2006

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Massirman, Jay H.	777 Brickell Avenue # 1000	Miami, FL 33131
		REINSTATEMENT 05-06	
		AL	

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 608.508, 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 10/17/2006 Daytime Phone # 305-757-8889

Typed or printed name of signing Managing Member/Manager Jay H. Massirman

Division of Corporations

FILED

Florida Department of State

Division of Corporations
Public Access System

2006 OCT 24 A 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000259048 3)))

H06000259048ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : ADORNO & YOSS, PA
Account Number : 072100000120
Phone : (305)860-7098
Fax Number : (305)460-1422

RECEIVED
06 OCT 24 AM 10:51
DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

JHM PINECREST LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$205.00

Electronic Filing Menu Corporate Filing Menu Help