PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 17 AM 8:12

DOCUMENT # L04000069632

1. Limited Liability Company's Name

JENNIN ENTREPRISES LLC

REINSTATEMENT 2005

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
5600 COLLINS AVE	4 PONDSIDE PLACE
Suite, Apt. #, etc. 7-F	Suite, Apt. #, etc.
City & State MIAMI BEACH, FL	City & State CHESHIRE CT
Zip 33140 Country US	Zip 06410 Country US

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida 9.24.04

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: RONALD B. ROBBINS

Street Address (P.O. Box Number is Not Acceptable): 5600 Collins Ave

Suite, Apt. #, Etc.: 7-F

City: Miami Beach State: FL Zip Code: 33140

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 [signature] REGISTERED AGENT MUST SIGN Date 11.09.05

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	RONALD B ROBBINS	4 PONDSIDE PLACE	CHESHIRE CT 06410
			100006151295 11/17/05--01041--025 **150.00

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 [signature] Date 11.09.05 Daytime Phone # 860 657 6159

Typed or printed name of signing Managing Member/Manager _____

N. Culligan NOV 22 2005