

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

06 JUN 30 AM 9:50

DOCUMENT # L04000077070

1. Limited Liability Company's Name

337 JACKSON, L.L.C.

CR2E041 (8/05)

2. Principal Office Address

90 ALMERIA AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

90 ALMERIA AVENUE

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10/22/2004

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

THOMAS G. SHERMAN, ESQ., P.A.

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

90 ALMERIA AVENUE

Suite, Apt. #, Etc.

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 608, F.S.

Signature of
Registered Agent

Date 06/28/2006

REGISTERED AGENT MUST SIGN

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	EDGARDO JARAMILLO	90 ALMERIA AVENUE	CORAL GABLES, FL 33134
MGRM	THOMAS G. SHERMAN	90 ALMERIA AVENUE	CORAL GABLES, FL 33134
			500077160175 07/07/06--01053--005 **200.00

REINSTATEMENT 05-06

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

Date 06/28/2006

Daytime Phone # 305-448-5898

Typed or printed name of signing Managing Member/Manager

THOMAS G. SHERMAN