

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY 20 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200156209312
05/20/09--01007--012 **277.50

CR2E041 (10/08)

DOCUMENT # L04000086367

1. Limited Liability Company's Name

JARA HOLDINGS LLC

2. Principal Office Address - No P.O. Box #
1470 NW 107th AVENUE

Suite, Apt. #, etc.
SUITE E

City & State
MIAMI, FLORIDA

Zip
33172

Country
USA

3. Mailing Office Address
1470 NW 107th AVENUE

Suite, Apt. #, etc.
SUITE E

City & State
MIAMI, FLORIDA

Zip
33172

Country
USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 11/30/2004

6. FEI Number
20-3750511

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
EVELYN CHAPONICK

Street Address (P.O. Box Number is Not Acceptable)
1470 NW 107th AVENUE

Suite, Apt. #, Etc.
SUITE E

City
MIAMI

State
FL

Zip Code
33172

☒ 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

REGISTERED AGENT MUST SIGN

Date 5/18/09

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	JORGE LUIS ARANGO	1470 NW 107th AVENUE, SUITE E	MIAMI, FLORIDA 33172
MGRM	RAUL ARIAS	1470 NW 107th AVENUE, SUITE E	MIAMI, FLORIDA 33172

REINSTATEMENT 2008-2009

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 5/13/09

Daytime Phone # 571-6373766

Typed or printed name of signing Managing Member/Manager

JORGE ARANGO