

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000009726

1. Limited Liability Company's Name

JWM PROPERTIES, L.L.C.

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

6201 San Amaro Drive

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33146

Country

USA

3. Mailing Office Address

6201 San Amaro Drive

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33146

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

1/31/2005

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

James W. Morris, III

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

6201 San Amaro Drive

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33146

☐ 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

Date **9/08/08**

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
MGR	James W. Morris, III	6201 San Amaro Drive	Coral Gables, FL 33146

400135874784
09/16/08--01003--008 **521.25

REINSTATEMENT 2006-2008

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 **9/08/08**

Daytime Phone # **305-284-4171**

Typed or printed name of signing Managing Member/Manager **James W. Morris, III**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 18, 2008

JWM PROPERTIES, L.L.C.
6201 SAN AMARO DR
CORAL GABLES, FL 33146

SUBJECT: JWM PROPERTIES, L.L.C.
Ref. Number: L05000009726

RECEIVED
08 SEP 22 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for JWM PROPERTIES, L.L.C. and your check(s) totaling \$521.25. However, the document has not been filed and is being retained in this office for the following:

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

The document number of the name conflict is J08073 (JWM PROPERTIES, INC).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 708A00050659