

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 FEB 1 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # 205000027468

1. Limited Liability Company's Name

NJMC, LLC

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

19220 NE 19 PLACE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33179

Country

US

3. Mailing Office Address

19220 NE 19 PLACE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33179

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

03/05/2003

6. FEI Number

20-2461417

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

PATRICK MOYAL

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

10796 PINES BLVD

Suite, Apt. #, Etc.

SUITE 204

City

PEMBROKE PINES

State

FL

Zip Code

33026

☒ 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 01/19/2008

**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	JAMES AKRICHE	19220 NE 19 PLACE	MIAMI, FL 33179

100116339211  
01/29/08--01020--018 \*\*416.25

REINSTATEMENT 06-08

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 01/19/2008

Daytime Phone #

954-92-1075

Typed or printed name of signing Managing Member/Manager

JAMES AKRICHE