

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV 29 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000024589

1. Limited Liability Company's Name

JMC ENTERPRICES OF FLORIDA LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
3006 NW 79 AVENUE

3. Mailing Office Address
3006 NW 79 AVENUE

Suite, Apt. #, etc.
003

Suite, Apt. #, etc.
003

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33122

Country
US

Zip
33122

Country
US

4. State/Country of Formation
FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida** **03/11/2005**

6. FEI Number
26-0108783

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
JOHN M CRONE

Street Address (P.O. Box Number is Not Acceptable)
3006 NW 79 AVENUE

Suite, Apt. #, Etc.
003

City
MIAMI

State
FL

Zip Code
33122

☒ **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

John M Crone

REGISTERED AGENT MUST SIGN

Date **11/27/2007**

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	JOHN M CRONE	3006 NW 79 AVENUE	MIAMI, FL 33122

600112702326
11/29/07--01050--006 **100.00

REINSTATEMENT

2006-2007

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

John M Crone

Date **11/27/2007**

Daytime Phone# **305-775 5199**

Typed or printed name of signing Managing Member/Manager