

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 JUN 15 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

L05000074612

1. Limited Liability Company's Name

JF & ASSOCIATES, LLC

CR2E041 (10/08)

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

1825 MAIN STREET

Suite, Apt. #, etc.

3. Mailing Office Address

1825 MAIN STREET

Suite, Apt. #, etc.

City & State

WESTON, FLORIDA

City & State

WESTON, FLORIDA

Zip

33326

Country

USA

Zip

33326

Country

USA

4. State/Country of Formation

FL USA

5. Date Organized or Qualified

To Do Business in Florida 03/10/2005

6. FEI Number

20-5396125

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

CHARM CONSULTING, LLC

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

1825 MAIN STREET

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33326

☒ 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 03/18/2009

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	GALINDO, JULIO	1825 MAIN STREET	WESTON, FLORIDA 33326

REINSTATEMENT 0709  
D Bruce

900157277889  
06716209-01005-016 \*\*416.25

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

*Julio Galindo*

Date 03/18/2009

Daytime Phone # 954-384-4108

Typed or printed name of signing Managing Member/Manager JULIO GALINDO



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 25, 2009

JF & ASSOCIATES, LLC  
1825 MAIN STREET  
WESTON, FL 33326

SUBJECT: JF & ASSOCIATES, LLC  
Ref. Number: L05000024612

We have received your document for JF & ASSOCIATES, LLC and check(s) totaling \$416.25. However, your check(s) and document are being returned 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.

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 309A00010077

*could not contact by  
phone*