

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000039878

1. Entity Name
JVT, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -1 AM 8:33

Principal Place of Business
16440 N.W. 12TH STREET
PEMBROKE PINES, FL 33028 US

Mailing Address
16440 NW 12TH STREET
PEMBROKE PINES, FL 33028 US

P.O. Box 848999

2. Principal Place of Business
3533 Birch Terr.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 848999
Suite, Apt. #, etc.



1102006 REIN-LLC CR2E101 (11/05)

City & State
DAVIE, FL

City & State
Pembroke Pines, FL

Zip
33330 Country
USA

Zip
33084 Country
USA

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TORRES, JOSE
16440 N.W. 12TH STREET
PEMBROKE PINES, FL 33028

7. Name and Address of New Registered Agent

Name
Torres, Jose M.
Street Address (P.O. Box Number is Not Acceptable)

3533 Birch Terr.

City
DAVIE FL Zip Code
33330

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Jose M. Torres

11-13-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2007, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Jose M. Torres
3533 Birch Terr.
DAVIE, FL 33330 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
Jose M. Torres + Viviana E. Torres, Partners by the Entirety
3533 Birch Terr.
DAVIE, FL 33330 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300081861623
11/16/06--01041--010 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition
2006

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Jose M. Torres*

11-13-06 (954)989-1015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #