

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2010 JUN 17 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800182270278
06/17/10--01051--002 **516.25

CR2E041 (05/10)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L0500004/448

1. Limited Liability Company's Name

Jenkins Property Holdings, LLC

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

2611 Hollywood Boulevard

Suite, Apt. #, etc.

City & State

Hollywood, Florida

Zip

33020

Country

USA

3. Mailing Office Address

2611 Hollywood Boulevard

Suite, Apt. #, etc.

City & State

Hollywood, Florida

Zip

33020

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

4/27/05

6. FEI Number

03.0593913

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

Bruce J. Smoler

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

2611 Hollywood Boulevard

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/5/10

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	Bruce J. Smoler	2611 Hollywood Blvd	Hollywood, FL 33020
Mgrm	Paul Groll	4780 NW 128th Street Rd.	Opa Locka, FL 33054

REINSTATEMENT

08/10 AL

11. E-mail Address: bsmoler@SLBLAW.COM

(To be used for future annual report notifications)

12. 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

[Signature]

Date

6/5/10

Daytime Phone #

954-922-2811

Typed or printed name of signing Managing Member/Manager