

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 JUL 23 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000042039

1. Limited Liability Company's Name

**JCM CONSULTING**

300183611773  
07/23/10--01023--016 \*\*546.25

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # <b>2215 ENSENADA TERR</b>		3. Mailing Office Address <b>2215 ENSENADA TERR</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>WESTON</b>		City & State <b>WESTON</b>	
Zip <b>33327</b>	Country <b>USA</b>	Zip <b>33327</b>	Country <b>USA</b>

4. State/Country of Formation <b>FLORIDA / U.S.A</b>	
5. Date Organized or Qualified To Do Business in Florida <b>04-28-2005</b>	
6. FEI Number <b>20-2778470</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

8. Name and Address of Current Registered Agent

Name **SANDRA BOHORQUEZ**

Street Address (P.O. Box Number is Not Acceptable)  
**2215 ENSENADA TERR**

Suite, Apt. #, Etc.

City **WESTON** State **FL** Zip Code **33327**

**REINSTATEMENT** 2008-10 *SBH*

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 *Sandra Bohorquez* Date **07-13-2010**

REGISTERED AGENT MUST SIGN

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
<i>Mgr-M</i>	<b>PATRICIA BOHORQUEZ</b>	<b>2215 ENSENADA TERR</b>	<b>WESTON, FL, 33327</b>

11. E-mail Address **SMEDINABOHORQUEZ@YAHOO.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 *Sandra Bohorquez* Date **07-13-2010** Daytime Phone # **954 288-8897**

Typed or printed name of signing Managing Member/Manager **SANDRA BOHORQUEZ**