

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 NOV 16 P 5:04

DOCUMENT #

L05000049314

1. Limited Liability Company's Name

JUNGLELAND HOLDINGS, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
11/14/07 11:02:07 AM \$0.00

CR2E041 (1/07)

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

2940 SW 30th Ave

Suite, Apt. #, etc.

SUITE 4

City & State

HALLANDER BEACH, FL

Zip

33009

Country

USA

3. Mailing Office Address

2940 SW 30th Ave

Suite, Apt. #, etc.

SUITE 4

City & State

HALLANDER BEACH, FL

Zip

33009

Country

USA

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

MAY, 2005

6. FEI Number

70-2866314

☐ 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

JOSEPH SHAPIRO

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

504 CASCADE PARK DR NW

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33327

☐ 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 11/6/07

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
MANAGER	JOSEPH SHAPIRO	504 CASCADE PARK DR NW	WESTON, FL 33327

REINSTATEMENT 06-07

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

Date

11/6/07

Daytime Phone #

954-290-0778