

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 MAY 14 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10052007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L05000050877

1. Entity Name
JIRI, LLC



Principal Place of Business
8 CHESTER AVE.
C/O LEONARD S. LEIBMAN, ESQ
WHITE PLAINS, NY 10601

Mailing Address
8 CHESTER AVE.
C/O LEONARD S. LEIBMAN, ESQ
WHITE PLAINS, NY 10601

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
04-3832390

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOYES, WILLIAM E
1601 FORUM PLACE
SUITE 900
WEST PALM BEACH, FL 33401

Name LEONARD S. LEIBMAN
Street Address (P.O. Box Number is Not Acceptable)
8 CHESTER AVE
City WHITE PLAINS NY Zip Code FL

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

Signature, typed or printed name of registered agent and authorized representative.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LINA, JACOBA NELSON
8 CHESTER AVE.
WHITE PLAINS, NY 10601 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
000121711040
03/31/08--01063--005 **200.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BESSIN ZUCKER, BARBARA
8 CHESTER AVE.
WHITE PLAINS, NY 10601 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
000121711040
05/12/08--01056--007 **277.50

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BESSIN PEPPERCORN, MARGARET
8 CHESTER AVE.
WHITE PLAINS, NY 10601 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
L. SELLERS
MAY 16 2008

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
REINSTATEMENT 2007-08

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:

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

Date

Daytime Phone #