

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000050877

1. Limited Liability Company's Name
JIRI, LLC

2. Principal Office Address - No P.O. Box #
8 Chester Avenue

Suite, Apt. #, etc.

City & State

White Plains, NY

Zip
10601

Country
USA

3. Mailing Office Address

8 Chester Avenue

Suite, Apt. #, etc.

City & State

White Plains, NY

Zip
10601

Country
USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

5/17/2005

6. FEI Number

043832390

☐ 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

William E. Boyes

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

3300 PGA Boulevard

Suite, Apt. #, Etc.

#600

City

Palm Beach Gardens

State
FL

Zip Code

33410

E-mail Address:

LLEIBMANLAW@AOL.COM

(To be used for future annual report notices)

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 of William E. Boyes]
REGISTERED AGENT MUST SIGN

Date

4/14/11

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	Leonard S. Leibman	8 Chester Avenue	White Plains, NY 10601

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

[Signature of Leonard S. Leibman]

Date

Daytime Phone #

914-948-6800

Typed or printed name of signing Managing Member/Manager **Leonard S. Leibman, Mgr.**

FILED

11 MAY -6 AM 11:21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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