

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2014 DEC 15 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

Document# L05000068204
JC Homes, LLC

KS

REINSTATEMENT

11-14

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

5745 W 17 Lane

Suite, Apt. #, etc.

3. Mailing Office Address

5745 W 17 Lane

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33012

Country

USA

Zip

33012

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

July 11, 2005

6. FEI Number

342054436

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

Cata Jose

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

5745 W 17 Lane

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33012

600267519866
12/16/14--01030--009 **680.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12-15-14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Jose Cata	5745 W 17 Lane	Hialeah, FL 33012

11. E-mail Address: cataioemixi@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date 12-15-14

Daytime Phone # 786-423-1225

Typed or printed name of signing Authorized Representative/Manager Jose Cata