

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JAN 27 PM 2:07

DOCUMENT # L05000070768

1. Limited Liability Company's Name

LA 4 JM, LLC

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

4700 W. IRLA BROWNE HWY

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

US-192

Suite, Apt. #, etc.

City & State

KODIMMEE FL

City & State

FL

Zip

34746

Country

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

JULY 19 2005

6. FEI Number

01-0860608

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

C. Michael Magnader Esquire

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

203 S. Clyde Avenue

Suite, Apt. #, Etc.

City

KODIMMEE

State

FL

Zip Code

34741

☐ 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

C. Michael Magnader

Date Oct 30, 2008

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
MEM	Garbowski Leszek	290 Campgaw RD Mahwah NJ	Mahwah NJ 07430
MEM	Garbowski Anna	290 Campgaw RD	Mahwah NJ 07430
			01/28/09--01005--014 **238.75
	REINSTATEMENT	2007, 2008, 2009	000142291730 01/28/09--01005--015 **277.50

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

Anna Garbowski

Date 12/25/08

Daytime Phone 201-394-9167

Typed or printed name of signing Managing Member/Manager

T. Hamilton JAN 28 2009