

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L05000078203**

1. Limited Liability Company's Name

JRF HOLDINGS, LLC

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

1901 Post Oak Park Dr.

Suite, Apt. #, etc.

7402

City & State

HOUSTON, TX

Zip

77027

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

EIN 26-0123570

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

: FREEDMAN, JEFFREY R

Street Address

2701 RAVELLA WAY

PALM BEACH GARDENS, FL 33410 US

Suite, Apt. #, Etc.

City

State
FL

Zip Code

☒ 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

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	JEFFREY R. FREEDMAN	1901 Post Oak Park Dr. # 7402	HOUSTON TX 77027
			S. HAWKES
			OCT - 7 2009
			REINSTATEMENT
			EXAMINER
			08-09

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

9/29/09

Daytime Phone #

561 676 6010

Typed or printed name of signing Managing Member/Manager

JEFFREY R. FREEDMAN

**DIV. of CORP.
REGISTRATION SECTION**

**Fee 277.50
DALLAS 9/29/09**

FILED
09 OCT -6 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200161333838
10/05/09--01054--003 **277.50

CR2E041 (10/08)