

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIABILITY  
COMPANY  
STATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000081873

1. Limited Liability Company's Name

JAC Enterprises, LLC

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

4938 SW 33 Way

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Fort Laud, FL

City & State

Fort Laud, FL

Zip

33312

Country

USA

Zip

33312

Country

USA

8. Name and Address of Current Registered Agent

Name

Matthew J. Kahn P.A.

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

12555 Orange Drive

Suite, Apt. #, Etc.

Suite 230

City

Davie

State

FL

Zip Code

33330

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

Matthew J. Kahn P.A.

REGISTERED AGENT MUST SIGN

Date 12/15/2009

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
MGRM	Jim Walz	4938 SW 33 Way	FL Laud, FL 33312
MGRM	Carmela Walz	4938 SW 33 Way	FL Laud, FL 33312

REINSTATEMENT

2007-2010

S. HAWKES

EXAMINER

S. HAWKES

APR 5 2010

EXAMINER

11. E-mail Address:

jimwalz@bellsouth.net

(To be used for future annual report notifications)

12. 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

Typed or printed name of signing Managing Member/Manager

Date

12/17/09

Daytime Phone #

954-989-0433

FILED  
10 APR -5 PM 4:31  
TALLAHASSEE, FLORIDA  
200164146982  
01/28/10--01034--004 \*\*\*138.75

200164146982  
01/04/10--01044--004 \*\*\*421.25

CR2E041 (11/09)

4. State/Country of Formation

Florida - Broward

5. Date Organized or Qualified  
To Do Business in Florida

June 2007

6. FEI Number

303416562

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

☒ 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.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 1, 2010

JAC ENTERPRISES, LLC  
4938 SW 33 WAY  
FORT LAUDERDALE, FL 33312

SUBJECT: JAC ENTERPRISE, LLC  
Ref. Number: L05000081873

We have received your document for JAC ENTERPRISE, LLC and your check(s) totaling \$560.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 110A00002563



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 7, 2010

JAC ENTERPRISES LLC  
4938 SW 33 WAY  
FORT LAUDERDALE, FL 33312

SUBJECT: JAC ENTERPRISE, LLC  
Ref. Number: L05000081873

We have received your document for JAC ENTERPRISE, LLC and your check(s) totaling \$421.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2007 through 2010; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$138.75.

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file an annual report with our office. Therefore, the document you submitted cannot be filed until the entity is reinstated on our records. The required reinstatement application, which takes the place of the annual report(s) due, must be submitted online at [www.sunbiz.org](http://www.sunbiz.org). Simply click on the blue box entitled "File A Reinstatement Here!," which is located in the middle of our home page.

Once the reinstatement is submitted online, our system will allow you to choose one of three payment options. The three payment options are: 1. online by credit card; 2. online by pre-established Sunbiz E-File account; or 3. by mail with a check or money order. To pay online using a credit card, simply select the credit card option and enter your credit card information. Business entities with pre-established Sunbiz E-File accounts may choose the Sunbiz E-File account option. Entities paying by check or money order must select the check payment option, print the required payment voucher, and mail the check payment voucher with a check or money order made payable to the Florida Department of State for the total amount due.

If you choose to pay the required reinstatement fee(s) online using a credit card or Sunbiz E-File account, please contact me when the reinstatement filing has posted. If you choose to pay the required fee(s) by check or money order, please mail the check payment voucher and check or money order to my attention.

Please return your document, along with a copy of this letter, within 60 days or

your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call  
(850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 610A00000478