

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

08 JUL 10 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

700132644147

07/10/08--01012--020 \*\*\$16.25

CR2E041 (12/07)

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L05000098445**

1. Limited Liability Company's Name

JMA, LLC

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

3201 W. COMMERCIAL BLVD

Suite, Apt. #, etc.

Suite 218

City & State

Ft. Lauderdale, FL

Zip

33309

Country

USA

3. Mailing Office Address

3201 W. COMMERCIAL BLVD

Suite, Apt. #, etc.

Suite 218

City & State

Ft. Lauderdale, FL

Zip

33309

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified  
To Do Business in Florida

10/06/2005

6. FEI Number

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

Mann & Wolf, LLP

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

4300 N. University Drive

Suite, Apt. #, Etc.

Suite C-203

City

Sunrise

State

FL

Zip Code

33351

☐ 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

Date June 24, 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
MGRM	Jeffrey T. Dowling	3201 W. COMMERCIAL BLVD,	Ft. Lauderdale, FL 33309
		Suite 218	
	L. SELLERS		
	JUL 11 2008		
	EXAMINER		

**REINSTATEMENT**

06-08

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

7/4/08

Daytime Phone #

954 647 9949

Typed or printed name of signing Managing Member/Manager

Jeffrey T. Dowling