

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

10 MAR 23 PM 12:08

DOCUMENT # L050000106021

1. Limited Liability Company's Name

JUPITER FUND, LLC

700147539367
03/23/10--01017--021 **377.50
CR2E041 (11/09)

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

11770 US Highway 1
Suite, Apt. #, etc.

Suite 301

City & State

Palm Beach Gardens, FL

Zip
33408

Country
USA

3. Mailing Office Address

11770 US Highway 1

Suite, Apt. #, etc.

Suite 301

City & State

Palm Beach Gardens FL

Zip
33408

Country
USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

10-31-05

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

Donald M. Allison

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

7601 N Federal Highway

Suite, Apt. #, Etc.

Suite A165

City

Boca Raton, FL

State Zip Code

FL 33487

☒ 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.

700147539367
03/26/09--01015--017 **138.75

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 3-10-2010

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	Jack P. Schleifer	44 Cocoanut Row	Palm Beach FL 33480
	REINSTATEMENT 2008-2010		

11. E-mail Address: sandy@acdofsouthflorida.com

(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

Date 3/12/10

Daytime Phone # 561-749-0050

Typed or printed name of signing Managing Member/Manager Jack P. Schleifer



ALLIED CAPITAL & DEVELOPMENT
OF SOUTH FLORIDA, LLC

March 18, 2010

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

RE: Jupiter Fund, LLC
Document #L050000106021

Dear Sir/Madam:

Enclosed please find Limited Liability Company Reinstatement for Jupiter Fund, LLC. Also enclosed is a check in the amount of \$377.50 together with a copy of a check dated March 19, 2009 in the amount of \$138.75, which was deposited by your offices and represents the balance of the reinstatement fee.

If you have any questions, please contact the undersigned.

Thank you.

Sincerely,

Sandy Albanese
Allied Capital and Development of South Florida, LLC

/sa
Encls.