

L05000123315

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L05000123315**

1. Limited Liability Company's Name

J & E CONSULTANTS, LLC

9/15/06

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

3081 NW 195TH STREET

Suite, Apt. #, etc

N/A

City & State

MIAMI GARDENS, FLORIDA

Zip

33056

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

N/A

City & State

SAME

Zip

33056

Country

USA

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified

To Do Business in Florida **DECEMBER 28, 2005**

6. FEI Number

80-0278442

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
JOHN PACE

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

3081 NW 195TH STREET

Suite, Apt. #, Etc.

City
MIAMI GARDENS

State
FL

Zip Code
33056

☒ 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

John Pace

REGISTERED AGENT MUST SIGN

Date **OCTOBER 28, 2008**

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	JOHN PACE	3081 NW 195TH STREET	MIAMI GARDENS, FLORIDA 33056

REINSTATEMENT Without

Penalty 2006-2009

up 1/9/09

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

John Pace

Date **10/21/2008**

Daytime Phone # **305-620-1072**

Typed or printed name of signing Managing Member/Manager **JOHN PACE**

FILED

09 JAN -6 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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