PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAR 10 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # L06000009121

1. Limited Liability Company's Name

JRY Holdings LLC

07

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
13255 SW 135 Avenue		13255 SW 135 Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami, Florida		City & State: Miami, Florida	
Zip: 33186	Country: USA	Zip: 33186	Country: USA

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: January 25, 2006

6. FEI Number: 38-3764357 ☐ 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: Robert Vinas

Street Address (P.O. Box Number is Not Acceptable): 13255 SW 135 Avenue

Suite, Apt. #, Etc.:

City: Miami | State: FL | Zip Code: 33186

☐ 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 3.6.2009

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
MGR	ROBERT VINAS	13255 SW 135 AVENUE	MIAMI, FLORDIA 33186
			800145451043
	REINSTATEMENT 2007-2009		

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 608.408, 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 3-6-2009 Daytime Phone # 305-254-4031

Typed or printed name of signing Managing Member/Manager ROBERT VINAS

CORPORATION SERVICE COMPANY®

L06000009121

ACCOUNT NO. : 072100000032

REFERENCE : 918669 7498051

AUTHORIZATION :

COST LIMIT : $ 516.25

ORDER DATE : March 9, 2009

ORDER TIME : 10:11 AM

ORDER NO. : 918669-005

CUSTOMER NO: 7498051

FILED
09 MAR 10 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2009 MAR 10 PM 1:49
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FAX AUDIT NO.
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

DOMESTIC FILINGS

NAME: JRY HOLDINGS LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - Ext# 2908

EXAMINER'S INITIALS