

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2011 DEC -8 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

J- RAE PROPERTIES, LLC

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

603 APACHE Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

HOUMA, LOUISIANA

City & State

Zip

Country

70360

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

2005

6. FEI Number

20-4800106

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

LOVENCIE J. GAMBARELLA

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

4550 BISCAYNE WAY

Suite, Apt. #, Etc.

VILLAGES OF COASTAL BEACH

City

DESTIN

State

FL

Zip Code

32541

E-mail Address:

300215014623  
12/08/11--01027--012 \*\*538.75

(To be used for future annual report notices)

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 12/5/11

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	LOVENCIE GAMBARELLA	603 APACHE Rd	HOUMA, LA 70360
Mgrm	BETTY R. GAMBARELLA	603 APACHE Rd	HOUMA, LA 70360

REINSTATEMENT 09-11

OK 12-9-11

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

Date

12/5/11

Daytime Phone

985-665-6644

Typed or printed name of signing Managing Member/Manager