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 JUN 30 PM 3:18

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DOCUMENT # L06000051408

1. Limited Liability Company's Name

J&M Enterprises,LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1575 SW 115 Avenue	1575 SW 115 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Davie, FL	City & State: Davie, FL
Zip: 33325 Country: Unites States	Zip: 33325 Country: United States

4. State/Country of Formation: Florida State

5. Date Organized or Qualified To Do Business in Florida: 05/17/2006

6. FEI Number: 562584928 ☑ 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: Jay Bass

Street Address (P.O. Box Number is Not Acceptable): 1575 SW 115 Avenue

Suite, Apt. #, Etc.

City: Davie State: FL Zip Code: 33325

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: 06/09/2010

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
Pres	Jay Bass	1575 SW 115 Ave	Davie, Florida
	REINSTATEMENT 2008-2010		

11. E-mail Address: jaybass@bellsouth.net
(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 608.408, 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: 06/09/2010 Daytime Phone #: 954-914-6435

Typed or printed name of signing Managing Member/Manager: Jay Bass

T. Hampton JUL - 1 2010