

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L06000068531**

1. Limited Liability Company's Name

**The Janisch Group**

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

**701 S. Olive Ave**

Suite, Apt. #, etc.

**Suite 1425**

City & State

**West Palm Beach FL**

Zip

**33401**

Country

**U.S.A**

3. Mailing Office Address

**222 Lakeview Ave**

Suite, Apt. #, etc.

**Suite 160-703**

City & State

**West Palm Beach FL**

Zip

**33401**

Country

**U.S.A**

8. Name and Address of Current Registered Agent

Name

**Chad Janisch**

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

**701 S. Olive Ave**

Suite, Apt. #, Etc.

**Suite 1425**

City

**West Palm Beach**

State

**FL**

Zip Code

**33401**

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 **1-8-2010**

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
mgrm	Chad Janisch	701 S. Olive Ave # 1425	West Palm Beach FL 33401

11. E-mail Address: **ChadJanisch@gmail.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 **1-8-2010**

Daytime Phone # **561-779-9709**

Typed or printed name of signing Managing Member/Manager

**Chad Janisch**

**FILED**

**2010 JAN 13 AM 11:14**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**700165912767**  
**01/12/10--01026--011 \*\*243.75**

CR2E041 (11/09)

4. State/Country of Formation

**Florida U.S.A**

5. Date Organized or Qualified  
To Do Business in Florida

**07-10-2006**

6. FEI Number

**20-5407007**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

☐ 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.