

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000086447

1. Limited Liability Company's Name

JOBET INVESTMENT PROPERTIES, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 20732 Charing Cross Circle		3. Mailing Office Address 20732 Charing Cross Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Estero, Florida		City & State Estero, Florida	
Zip 33928	Country US	Zip 33928	Country US

4. State/Country of Formation Florida/US	
5. Date Organized or Qualified To Do Business in Florida Sep. 1, 2006	
6. FEI Number 20-5543876	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name Raul Ortega		
Street Address (P.O. Box Number is Not Acceptable) 20732 Charing Cross Circle		
Suite, Apt. #, Etc.		
City Estero	State FL	Zip Code 33928

☐ 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 Raul Ortega Date 10-21-08
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	Raul Ortega	20732 Charing Cross Circle	Estero, Florida 33928

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REINSTATEMENT 2007-08

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 Raul Ortega Date 10-21-08 Daytime Phone # 239-671-2249
Typed or printed name of signing Managing Member/Manager Raul Ortega