

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000099384

1. Limited Liability Company's Name

JCF Investments LLC

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

15375 SW 72 CT

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33157

Country

USA

Zip

Country

8. Name and Address of Current Registered Agent

Name

Dorothy J. Fanelli

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

9150 South Dadeland Blvd/ Suite 1400

Suite, Apt. #, Etc

Miami FL

33156

City

State

FL

Zip Code

4. State/Country of Formation

Miami FL USA

5. Date Organized or Qualified
To Do Business in Florida

9-25-09

6. FEI Number

205815957

☐ Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

E-mail Address:

Cissy10@AOL

(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

Dorothy J. Fanelli
REGISTERED AGENT MUST SIGN

Date 2-28-11

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	Dorothy Fanelli	10703 SW 77 CT	Miami FL 33156
MGRM	James M. Fanelli	15375 SW 72 CT	Miami FL 33157
	REINSTATEMENT-09-2011		

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

Dorothy J. Fanelli

Date 2/28/11

Daytime Phone # 305 342 5307

Typed or printed name of signing Managing Member/Manager

C.F.