


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000105854

1. Limited Liability Company's Name

JenLee Living Facility LLC

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

17326 SW 33rd Ct

Suite, Apt. #, etc.

City & State

Miramar FL 33029

Zip

33029

Country

USA

3. Mailing Office Address

PO Box 821232

Suite, Apt. #, etc.

City & State

South Florida FL 33082

Zip

FL 33082

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

2006

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$3.03 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Jennifer Black

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

17326 SW 33rd Ct

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33029

☒ 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.

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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

Jennifer Black

Date

03/25/10

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
<u>President/</u>	<u>Jennifer Black</u>	<u>PO box 821232</u>	<u>South Florida, FL 33082</u>
<u>MGK</u>	<u>Leon Osbourne</u>	<u>17326 SW 33rd Ct.</u>	<u>Miramar FL 33029</u>
REINSTATEMENT			
<u>2008-10</u>			
S. HAWKES			
APR 7 2010			
EXAMINER			

11. E-mail Address:

(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

Jennifer Black

Date

03/25/10

Daytime Phone #

877 453 6533

Typed or printed name of signing Managing Member/Manager

Jennifer Black

(877 4-JenLee)