

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB -3 PM 3:04

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # 1.06000116675

1. Limited Liability Company's Name

JMB GROUP LLC

400142275534
01/28/09--01022--019 **138.75

CR2E041 (10/08)

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

5079 N. Dixie Hwy

Suite, Apt. #, etc.

316

City & State

Oakland Park, FL

Zip

33334

Country

U.S.A

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida, U.S.A

5. Date Organized or Qualified

To Do Business in Florida 12/07/06

6. FEI Number

20-5997959

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.**

8. Name and Address of Current Registered Agent

Name

Jeffrey A. Hanson

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

5079 N. Dixie Hwy

Suite, Apt. #, Etc.

Suite 316

City

Oakland Park

State

FL

Zip Code

33334

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 01-23-09

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	JEFFREY A. HANSON	2121 NW 29TH CT	OAKLAND PARK, FL. 33311
			100139018391
			12/15/08 01046 016
			REINSTATEMENT 07, 09
			\$277.50

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**

Date 01-23-09

Daytime Phone # 954-495-5053

Typed or printed name of signing Managing Member/Manager **JEFFREY A. HANSON**

FEB - 4 2009