

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

10 JAN -6 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # Lo700000955

1. Limited Liability Company's Name

J & G Parra Properties, LLC

CR2E041 (11/09)

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

6630 N.W. 114 Ave

3. Mailing Office Address

6630 N.W. 114 Ave

Suite, Apt. #, etc.

1534

Suite, Apt. #, etc.

1534

City & State

Miami FL

City & State

Miami FL

Zip

33178

Country

USA

Zip

33178

Country

USA

4. State/Country of Formation

Florida - USA

5. Date Organized or Qualified  
To Do Business in Florida

01/5/2007

6. FEI Number

223950630

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

ERNESTO Parra

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

6630 N.W. 114 Ave

Suite, Apt. #, Etc.

1534

City

Miami

State

FL

Zip Code

33178

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/28/2009

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	<u>ERNESTO Parra</u>	<u>6630 N.W. 114 Ave Suite 1534</u>	<u>Miami FL 33178</u>

**REINSTATEMENT**

**RH**

300164681803  
01/06/10 01010 005 \*\*138.75

11. E-mail Address: ernestoparra123@Hotmail.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

[Signature]

Date

12/28/2009

Daytime Phone #

786-3467228

Typed or printed name of signing Managing Member/Manager