

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000031999

1. Limited Liability Company's Name

JAY Home FURNISHINGS, LLC

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

3501 N. OCEAN DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

3501 N. OCEAN DR

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33019

Country

US

Zip

33019

Country

US

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA - US

5. Date Organized or Qualified
To Do Business in Florida

03/23/07

6. FEI Number

20-8919740

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

JUDY PRINE

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

3501 N OCEAN DRIVE

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33019

200258120802
03/24/14--01002--002 **1071.25

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Judy Prine

REGISTERED AGENT MUST SIGN

Date 3/18/14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles

Name of
Authorized Representatives/
Managers

Street Address of Each
Authorized Representative/
Manager

City / State / Zip

MGR JUDY PRINE 3501 N. OCEAN DRIVE Hollywood, FL 33019

REINSTATEMENT

2008 - 2014

S. HAWKES

MAR 24 A.M.

EXAMINER

11. E-mail Address: RKUX@COMCAST.NET

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Judy Prine

Date 3/18/14

Daytime Phone #

561-487-2758

Typed or printed name of signing Authorized Representative/Manager