

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY -4 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000039540

1. Limited Liability Company's Name
JPMF HOLDINGS, LLC

2. Principal Office Address - No P.O. Box #
9999 COLLINS AVENUE

3. Mailing Office Address
9999 COLLINS AVENUE

Suite, Apt. #, etc.
19B

Suite, Apt. #, etc.
19B

City & State
BAL HARBOUR, FL

City & State
BAL HARBOUR, FL

Zip Country
33154

Zip Country
33154

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 04/12/2007

6. FEI Number
26-0146283

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
LEWIS R. COHEN, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable)
1111 BRICKELL AVENUE

Suite, Apt. #, Etc.
SUITE 2920

City
MIAMI

State
FL

Zip Code
33131

☐ 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

REGISTERED AGENT MUST SIGN

Date 4/27/10

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	JOEL FRIEDLAND	9999 COLLINS AVENUE, APT 19B	BAL HARBOUR, FL 33154

REINSTATEMENT 08-10 DB

11. E-mail Address: FSORB@AOL.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

Date 4/27/10

Daytime Phone # 305-655-9911

Typed or printed name of signing Managing Member/Manager