

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAY 11 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300177996333
04/27/10--01017--002 **238.75

CR2E041 (11/09)

DOCUMENT # LO7-54151

1. Limited Liability Company's Name

BINGHAM FARMS JZ, LLC

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

2200 W. Commercial Blvd

Suite, Apt. #, etc.

208B

City & State

FT. LAUDERDALE, FL

Zip

33309

Country

USA

3. Mailing Office Address

2200 W. Commercial Blvd

Suite, Apt. #, etc.

208B

City & State

Ft. Lauderdale, FL

Zip

33309

Country

USA

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

12/10/07

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$6.00 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

JORDAN ZIMMERMAN

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

2200 W. Commercial Blvd

Suite, Apt. #, Etc.

208B

City

Ft. Lauderdale

State

FL

Zip Code

33309

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

Date

4/22/10

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
MGRM	Jordan Zimmerman	2200 W Commercial Blvd #208B	Ft. Lauderdale, FL 33309

REINSTATEMENT

08-10

500180665685
05/10/10--01075--006 **277.50

OR 5-12-10

11. E-mail Address: jbz_invest@earthlink.net

(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 4/22/10

Daytime Phone #

954.644.4214

Typed or printed name of signing Managing Member/Manager

JORDAN ZIMMERMAN