

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR 16 AM 10 54

DOCUMENT # L07000098761

1. Limited Liability Company's Name

JW WORLD OF CONSULTING & FINANCIAL
ADVISING LLC

600171860106
03/11/10--01002--023 **417.00
CR2E041 (11/09)

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

6600 NW 16th Street

Suite, Apt. #, etc.

5

City & State

PLANTATION FL

Zip

33313

Country

BROWARD

3. Mailing Office Address

8282 EMERALD AVE

Suite, Apt. #, etc.

City & State

PARKLAND FL

Zip

33076

Country

BROWARD

4. State/Country of Formation

FLORIDA / BROWARD COUNTY

5. Date Organized or Qualified
To Do Business in Florida

9-24-07

6. FEI Number

26-1140325

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

JASMINE ESCOBAR

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

8282 EMERALD AVE

Suite, Apt. #, Etc.

PARKLAND FL 33076

City

State

FL

Zip Code

33076

☒ 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

Jasmine Escobar

REGISTERED AGENT MUST SIGN

Date 3-9-2010

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
MEM	Nesley Findley	8282 EMERALD AVE	PARKLAND FL 33076
MEM	JASMINE ESCOBAR	8282 EMERALD AVE	PARKLAND FL 33076
	REINSTATEMENT 2008-2010		

11. E-mail Address: UNOWNVME@YAHOO.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

Nesley A Findley

Date 3-9-10

Daytime Phone # 954-471-2484

Typed or printed name of signing Managing Member/Manager

RECEIVED MAR 17 2010