

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC -2 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # h-07000101384

1. Limited Liability Company's Name

J7 1 Dollar store LLC

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

1754 NW 7 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami

City & State

FLA

Zip

33168

Country

USA

Zip

Country

4. State/Country of Formation

Florida - USA

5. Date Organized or Qualified
To Do Business in Florida

10-03-07

6. FEI Number

23-801393900-2

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

Jean-Marie Jean Philippe

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

1754 NW 7 Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33168

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

11-23-09

10. Names and Street Addresses of Managing Members/Managers

Titles

Name of
Managing Member/Managers

Street Address of Each
Managing Member/Manager

City / State / Zip

MGR

Wilmarie JOSEPH

1040 NW 122 St

Miami, FL 33168

400163193904

11/30/09-01073-002 **277.50

REINSTATEMENT

08-09

DB

11. E-mail Address:

JeanPhilippe.OT@Yahoo.com

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

11-23-09

Daytime Phone #

(786) 486-8600

Typed or printed name of signing Managing Member/Manager

MY COMMISSION # DD665368

EXPIRES April 19, 2011