

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 MAY 27 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08000084346

1. Limited Liability Company's Name

JMM INVESTMENT Group LLC

CR2E041 (1/11)

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

14839 Breckness PL

Suite, Apt. #, etc.

3. Mailing Office Address

14839 Breckness PL

Suite, Apt. #, etc.

City & State

Miami Lakes, Florida

City & State

Miami Lakes, Florida

Zip

33016

Country

US

Zip

33016

Country

US

4. State/Country of Formation

Florida / US

5. Date Organized or Qualified
To Do Business in Florida

09-04-2008

6. FEI Number

26-3389246

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

E-mail Address:

400207098594
05/03/11--01041--014 **521.25

florida5@bellsouth.net

(To be used for future annual report notices)

8. MGRM Name and Address of Current Registered Agent

Name
Juana Talamas

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

14839 Breckness PL

Suite, Apt. #, Etc.

City

Miami Lakes

State

FL

Zip Code

33016

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 04-27-2011

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
MGR	HENRY CHOREN	14001 SW 48 CT MIRAMAR, FL. 33027	MIRAMAR, FLORIDA 33027
MGR	MARIE CHOREN	14001 SW 48 CT	MIRAMAR, FLORIDA 33027

REINSTATEMENT 09-11

11. 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing
Member/Manager

Date 05/25/11

Daytime Phone #

786-999-4379

Typed or printed name of signing Managing Member/Manager

HENRY CHOREN / MARIE CHOREN

786-999-4378