

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000115805

1. Limited Liability Company's Name
J.G. BUILDING, LLC

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

2008 S.W. 25TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33133

Country

US

3. Mailing Office Address

2008 S.W. 25TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33133

Country

US

8. Name and Address of Current Registered Agent

Name

JUAN GARCIA

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

2008 S.W. 25TH STREET

Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33133

4. State/Country of Formation

FL US

5. Date Organized or Qualified
To Do Business in Florida

12/22/2008

6. FEI Number

27-0227060

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

CR2E041 (1/14)

600271778506
04/14/15--01023--003 **793.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **03/25/2015**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	JUAN GARCIA	2008 S.W. 25TH STREET	MIAMI, FLORIDA 33133

REINSTATEMENT

2011 - 2015

11. E-mail Address **mastudillo@bellsouth.net**

JAYGARCIA0612@GMAIL.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

[Signature]

Date

03/25/2015

Daytime Phone #

305-8543440
305-649-7081

Typed or printed name of signing authorized representative/member

Juan Garcia