

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2010 DEC 14 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L09000030285

1. Limited Liability Company's Name

Jacqueline B. Fletcher, LLC

100188669121
12/14/10--01032--001 **243.73

CR2E041 (05/10)

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

3700 Island Boulevard

Suite, Apt. #, etc.

C303

3. Mailing Office Address

3700 Island Boulevard

Suite, Apt. #, etc.

C303

City & State

Aventura FL

City & State

Aventura, FL

Zip

33160

Country

USA

Zip

33160

Country

USA

4. State/Country of Formation

Fla / USA

5. Date Organized or Qualified
To Do Business in Florida

3/30/2009

6. FEI Number

26-4598424

☒ 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

Jacqueline B. Fletcher

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

3700 Island Boulevard

Suite, Apt. #, Etc.

C303

City

Aventura

State

FL

Zip Code

33160

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

Jacqueline B. Fletcher
REGISTERED AGENT MUST SIGN

Date 12/10/10

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	Jacqueline B. Fletcher	3700 Island Boulevard C303	Aventura, FL 33160

REINSTATEMENT 10 gH

11. E-mail Address: Jacqueline.B.Fletcher@gmail.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

Jacqueline B. Fletcher

Date 12/10/10

Daytime Phone # 305 206 2323

Typed or printed name of signing Managing Member/Manager