

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 JAN -3 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L09000073216

1. Limited Liability Company's Name

JM Ent. LLC

CR2E041 (11/10)

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

1571 Keily Run

Suite, Apt #, etc.

3. Mailing Office Address

PO Box 945

Suite, Apt #, etc.

City & State

Tallahassee, FL

Zip

32301

Country

USA

City & State

Tallahassee, FL

Zip

32302

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

7/30/09

6. FEI Number

45-4123737

☐ 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

John McLaughlin

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

1571 Keily Run

Suite, Apt #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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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

1/3/12

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	John McLaughlin	1571 Keily Run	Tallahassee, FL 32301

REINSTATEMENT

10-12

OK 1-3-12

11. E-mail Address

john.mclaughlin784@gmail.com

(To be used for future annual report notifications)

12. I certify that I am a 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

[Signature]

Date

1/3/12

Daytime Phone #

305-444-1036

Typed or printed name of signing Managing Member/Manager