PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2022 AUG -9 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # L11000099655

1. Limited Liability Company's Name
JR Havendale, LLC

500332447565
08/09/22--01024--009 **680.00

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
11111 Santa Monica Blvd	11111 Santa Monica Blvd
Suite Apt. # etc Ste. 520	Suite Apt. # etc te. 520
City & State Los Angeles, CA	City & State Los Angeles, CA
Zip / Country 90025 / United States	Zip / Country 90025 / United States

4. State/Country of Formation
Florida.

5. Date Organized or Qualified To Do Business in Florida 8/30/2011

6. FEI Number
45-3231793
☐ 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
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable) Suite
1200 South Pine Island Road

Apt. # Etc

City	State	Zip Code
Plantation	FL	33324

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: By: C T Corporation System — Christine Kelm, Assistant Secretary

Date: 08/08/2022

REGISTERED AGENT MUST SIGN

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
Mgr	Joseph Ramani	11111 Santa Monica Blvd. Ste. 520	Los Angeles, CA 90025
		REINSTATEMENT	19-22

11. E-mail Address
(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: Joseph Ramani Date 8/8/22 Daytime Phone # 310-474-8844

Typed or printed name of signing authorized representative/member: Joseph Ramani