

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

2015-2016



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000009521

1. Limited Liability Company's Name

J.&C CONNECTIONS, LLC

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

14952 SW 17 LANE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

Country

33185

USA

3. Mailing Office Address

14952 SW 17 LANE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

Country

33185

USA

8. Name and Address of Current Registered Agent

Name

RODRIGO ARANDA

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

14952 SW 17 LANE

Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33185

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

REGISTERED AGENT MUST SIGN

Date **08/15/2016**

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	RODRIGO ARANDA	14952 SW 17 LANE	MIAMI, FL 33185

11. E-mail Address: **RODRIGO@JANDCCONNECTIONS.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

Date

08/15/2016

Daytime Phone #

(786) 417-2931

Typed or printed name of signing authorized representative/member

RODRIGO ARANDA

FILED

16 SEP 13 AM 0 50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

01/19/2012

6. FEI Number

27-1156108

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a certificate of status

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09/13/16--01007--023 **382.50