

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000029075

1. Limited Liability Company's Name
JULIATOM, LLC

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

213 E Sheridan Street

Suite, Apt. #, etc.

Suite 3

City & State

Dania Beach, Florida

Zip

33004

Country

USA

3. Mailing Office Address

213 E Sheridan Street

Suite, Apt. #, etc.

Suite 3

City & State

Dania Beach, Florida

Zip

33004

Country

USA

8. Name and Address of Current Registered Agent

Name

Assouline & Berlowe, P.A.

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

213 E Sheridan Street

Apt. #, Etc

Suite 3

City

Dania Beach

State

FL

Zip Code

33004

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

4/22/2015

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
Mm/Mg.	Thomas Laloux	213 E Sheridan Street, Suite 3	Dania Beach, FL 33004
			S. HAWKES
			APR 24 A.M.
			EXAMINER

11. E-mail Address: **ena@assoulineberlowe.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

4/22/2015

Daytime Phone #

954-929-1899

Typed or printed name of signing authorized representative/member

Thomas Laloux c/o Eric N. Assouline, Esq., as attorney for Manager / Mem.

FILED

15 APR 23 AM 8:30

**FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA**

CR2E041 (1/14)

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

2/29/2012

6. FEI Number

41-2282309

Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

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04/23/15--01023--002 **238.75