

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY,
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

14 DEC 30 AM 8:12
SECRETARY OF STATE
HALLMARK

DOCUMENT # L12000081068

1. Limited Liability Company's Name

J9M Investment Group, LLC

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

1153 Avocet Road

Suite, Apt. #, etc.

3. Mailing Office Address

(same)

Suite, Apt. #, etc.

City & State

Delray Beach

City & State

(Florida)

Zip

33444

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

6-19-2012

6. FEI Number

80-0831426

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

Nicole Mahady

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

1153 Avocet Road

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33444

400267856554
12/30/14--01039--001 **238.75

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

A. Cole Mahady

REGISTERED AGENT MUST SIGN

Date 12-29-2014

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
CEO	Nicole Mahady	1153 Avocet Road	Delray Beach, FL 33444

REINSTATEMENT

DEC 30 2014

R. HUNT

11. E-mail Address:

Nicole@i-stockit.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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

A. Cole Mahady

Date

12-29-2014

Daytime Phone #

561-271-4834

Typed or printed name of signing Authorized Representative/Manager

Nicole Mahady