

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

16 MAR 24 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L12000089798

1. Limited Liability Company's Name  
**JAMBO PRODUCTION, LLC**

2. Principal Office Address - No P.O. Box #  
**1849 SOUTH OCEAN DRIVE**

Suite, Apt. #, etc.  
**APT 607**

City & State  
**HALLANDALE BEACH, FL**

Zip  
**33009**

Country  
**US**

3. Mailing Office Address  
**5017 SURF AVENUE**

Suite, Apt. #, etc.

City & State  
**BROOKLYN, NY**

Zip  
**11224**

Country  
**US**

CR2E041 (1/14)

4. State/Country of Formation  
**FLORIDA**

5. Date Organized or Qualified  
To Do Business in Florida **07/10/2012**

6. FEI Number  
**46-0550337**

☒ 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

**CORPORATION SERVICE COMPANY**

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

**1201 HAYS STREET**

Apt. #, Etc.

City

**TALLAHASSEE**

State  
**FL**

Zip Code  
**32301**

**700283764437**

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

**Courtney Williams**  
REGISTERED AGENT MUST SIGN **asst. Vice President**

Date **03-24-16**

**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	ANATOLY DERIN	1849 SOUTH OCEAN DRIVE APT 607	HALLANDALE BEACH, FL 33009

**REINSTATEMENT**

**2013 - 2016**

11. E-mail Address: **aderin@derinice.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 **3/16/16**

Daytime Phone # **347-442-7484**

Typed or printed name of signing authorized representative/member

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 044343 7894500

AUTHORIZATION :

COST LIMIT : \$655.00

ORDER DATE : March 4, 2016

ORDER TIME : 12:41 PM

ORDER NO. : 044343-010

CUSTOMER NO: 7894500

DOMESTIC FILINGS

NAME: JAMBO PRODUCTION, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
MAR 24 PM 1:59  
SUFFICIENT FOR FILING