

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L14000058077

1. Limited Liability Company's Name
Jackson Figueiredo 676 RJ, LLC

2. Principal Office Address - No P.O. Box #
1201 Hays Street

Suite, Apt. #, etc.

City & State
Tallahassee, FL

Zip Country
32301 USA

3. Mailing Office Address
7400 East Slauson Avenue

Suite, Apt. #, etc.

City & State
Commerce, CA

Zip Country
90040 USA

8. Name and Address of Current Registered Agent

Name
Corporation Services Company

Street Address (P.O. Box Number is Not Acceptable) Suite,
1201 Hays Street

Apt. #, Etc.

City State Zip Code
Tallahassee FL 32301

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

Lydia Cohen
Asst. Vice President

Date **3/6/17**

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	Mark Goldman	7400 East Slauson Avenue	Commerce, CA 90040

REINSTATEMENT

MAR 06 2017

R. HUNT

11. E-mail Address: **kathryns@gehr.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

3-6-2017

Daytime Phone #

323-7272408

Typed or printed name of signing authorized representative/member

FILED

2017 MAR -6 PM 2: 54

SECRETARY OF STATE
DATA MANAGED BY STATE

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CR2E041 (1/14)


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

ACCOUNT NO. : I20000000195

REFERENCE : 535059 7560759

AUTHORIZATION :

COST LIMIT : \$ 516.25



ORDER DATE : March 6, 2017

ORDER TIME : 1:30 PM

ORDER NO. : 535059-005

CUSTOMER NO: 7560759

DOMESTIC FILINGS

NAME: JACKSON FIGUEIREDO 676 RJ, LLC

RECEIVED
DEPARTMENT OF STATE
17 MAR -6 PM 2:06

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - Ext#

MAR 06 2017

EXAMINER'S INITIALS R. HUNT