

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

17 APR 14 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 14000073401

1. Limited Liability Company's Name
JB1 MANAGEMENT GROUP LLC

CR2EDM1 (1/14)

| | | | |
|--|----------------------|--|----------------------|
| 2. Principal Office Address - No P.O. Box # 5323 MILLENIA LAKES BLVD | | 3. Mailing Office Address 5323 MILLENIA LAKES BLVD | |
| Suite, Apt. #, etc. SUITE 300 | | Suite, Apt. #, etc. SUITE 300 | |
| City & State ORLANDO | | City & State ORLANDO | |
| Zip 32839 | Country US | Zip 32839 | Country US |

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida **05-06-2014**

6. FBI Number
46-3840888

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
NORTHWEST REGISTERED AGENT LLC
Street Address (P.O. Box Number is Not Acceptable) Suite,
3030 NORTH ROCKY POINT DRIVE
Apt. #, Etc.
SUITE 150A
City
TAMPA

State
FL Zip Code
33607

600298017396
04/14/17--01031--028 **238.73

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 Tom Glover **Tom Glover-- Assistant Secretary**
REGISTERED AGENT MUST SIGN

Date **04-07-2017**

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. | SERAFIN DEBESA | 5323 MILLENIA LAKES BLVD STE 300 | ORLANDO, FL 32839 |
| | | | |
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| | | | |
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11. E-mail Address: **SERAFIN@COMSEO.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 Serafin R. Debesa Date **04-07-2017** Daytime Phone # **407-574-4542**

Typed or printed name of signing authorized representative/member **SERAFIN R. DEBESA**

RE 4/17/17