182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

18 MAR -7 PM 3:48

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

600310257986

DOCUMENT # L14000143354

CR2E041 (1/14)

1. Limited Liability Company's Name

J.F.C . MANAGEMENT LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4765 Volunteer Road	4765 Volunteer Road
Suite, Apt #, etc Suite 504	Suite, Apt. #, etc. Suite 504
City & State Davie, Florida	City & State Davie, Florida
Zip 33330	Zip 33330
Country USA	Country USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 9/09/2014

6. FEI Number: ☐ 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: NRAI SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable) Suite:
1200 S. PINE ISLAND ROAD

Apt #, Etc

City: PLANTATION | State: FL | Zip Code: 33324

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: Judith Argao Date: 3/7/18

Judith Argao
Vice President
REGISTERED AGENT MUST SIGN and Assistant Secretary

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	Phillips Concessions LLC	4765 Volunteer Road, Suite 504	Davie, Florida 33330
MGR	Block 40 Enterprise Inc.	5450 SW 192nd Terrace	Southwest Ranches, FL 33332

11. E-mail Address: rh@jfcmiami.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: 3/6/18 Daytime Phone #: 7861193450

Typed or printed name of signing authorized representative/member: Ramona D. Hall, Authorized signer on behalf of manager

K. ASHTON

282

CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 3/7/18

Acc#I20160000072

Name:	J.F.C. MANAGEMENT LLC
Document #:	
Order #:	10869204

Certified Copy of Arts & Amend:	☐			
Plain Copy:	☐			
Certificate of Good Standing:	☐			
	☐			
Apostille/Notarial Certification:	☐		Country of Destination:	
			Number of Certs:	

Filing:

Certified:

Plain:

(COGS:)

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: $ 382.50

18 MAR -7 PM 2:24

Thank you!