PLEASE READ A	LL INSTRUCT	ONS E	BEFORE CC	MPLETING	G THIS FORM.		
MITED LIABILITY COMPANY EINSTATEMENT COMPANY DIVISION OF CORPORATIONS				2018 FEB 22 PM 12: 09			
OCUMENT # L (50	10004882	[][]					
Limited Liability Company's Name Joals Grup & H	orth Flor	$id\alpha$	,UC				
Principal Office Address - No P.O. Bo. #	3. Mailing Office Addre	55			CR2E041 (12/13	)	ł
900 Centre Pointe Bed ite, Apt #, etc.				-1. State/Country of Formation			
# 70	Since	. <u> </u>		5. Date Organize To Do Busines	ed or Qualified ss in Florida 69	15	
Tallahasco, FL	City & State			6. FEI Number	101557	Applied For Not Applicable	
32308 Lear	Zip	Coun	try	7. CERTIFICATE O	ESTATUS DESIRED	00 Additional Fee required or a Certificate of Status	
8. Name and Address of Name	Current Registered Agent	2 (1.9 p			E-mail Address	5.	
Street Address (PO. Box Number is Noi Acceptable) 1900 (Poxtro Po), Ne Rhd #70				400309601044 02/22/1801003017 **377.50			
UCC CEXTRE POINT Suite, Api. #, Elc.	e Khd	<u> </u>	, 	£	the take the	Geost Direc	He selen
city Toellahassia		State FL	Zip Code		used for future ann		
9. I, being appointed the registered agent of the ab	ove named limited liability	<u> </u>	~ <u></u>				
Signature of Registered Agent	£				_Date_2/22	/ 18	
10. Names and Addresses of Each Person Author	REGISTERED AGENT M		Company				-
Titles Name of Authorized Person Name of Authorized Person Name of Authorized Person Name Name Name Name Name Name Name Name			iress of Each Author		City / Sta		-
UGRP Ferrer (. Jo	, res 190	w (4	patoe Re	into Ble	D=1707	all a haster, 1	
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				·	D_DL	JNLAP	-
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	C23 LLC-RC/2201-102153-02 (73) AL 1201	nedictivity	<u></u>		rease water and the second sec	reinstatement application	
11. I certify that I am an authorized person empoy the reason for dissolution has been eliminated company have been paid. The information inc	a the limited flability com	any name	accurate, and my st	onature shall have	the same legal effect as if r	wed by the limited liability made under oath. I am	
aware that false information submitted in a do	cument to the Department	n of Stale C		1 1	Daytime Phone #		
tuthorized Person	rizec Person		Date	<u></u>		<u> </u>	_