

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1220
SECRETARY OF STATE
DIVISION OF CORPORATIONS

20 JUN 26 AM 11:45

DOCUMENT # L15000136569

1. Limited Liability Company's Name

Jean Shepherd Trading, LLC

06/26/2020 11:45 AM

500347088135

CR2E041 (1/14)

| | | | |
|---|--------------------------|---|--------------------------|
| 2. Principal Office Address - No P.O. Box # 1128 Royal Palm Beach Blvd | | 3. Mailing Office Address 1128 Royal Palm Beach Blvd | |
| Suite, Apt. #, etc. #140 | | Suite, Apt. #, etc. #140 | |
| City & State Royal Palm Beach | | City & State Royal Palm Beach | |
| Zip 33411 | Country United States | Zip 33411 | Country United States |

| | |
|--|--|
| 4. State/Country of Formation Florida | |
| 5. Date Organized or Qualified To Do Business in Florida 08/10/2015 | |
| 6. FEI Number 47-4522023 | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status | |

8. Name and Address of Current Registered Agent

| | | | |
|--|--|-------------|-------------------|
| Name Ericka Shepherd | | | |
| Street Address (P.O. Box Number is Not Acceptable) Suite 12567 Tangerine Blvd | | | |
| Apt. #, Etc. | | | |
| City West Palm Beach | | State FL | Zip Code 33412 |

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 06/24/2020

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 |
|--------|---|--|---------------------------|
| PRESID | Stephanie Jean | 12567 tangerine blvd | West Palm Beach, FL 33412 |
| AR | Ericka Shepherd | 12567 tangerine blvd | West Palm Beach, FL 33412 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

11. E-mail Address jeanshepherdtrading@gmail.com

AUG 1 2020

(To be used for future annual report notifications)

D CUSHING

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

[Signature]
Ericka Shepherd

Date 06/24/20

Daytime Phone # 561-808-3806

Typed or printed name of signing authorized representative/member