

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 # L15000195656

1. Limited Liability Company's Name

Jacaranda RE Investments, LLC

2. Principal Office Address - No P.O. Box #

18851 NE 29th Ave Ste 700

Suite, Apt. #, etc.

City & State

Aventura, FL

Zip

33180

Country

USA

3. Mailing Office Address

18851 NE 29th Ave Ste 700

Suite, Apt. #, etc.

City & State

Aventura, FL

Zip

33180

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

11/19/2015

6. FEI Number

47-5135963

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

Anderson Registered Agents, Inc

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

1000 N Washington Blvd

Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34236

700298017387
04/14/17--01031--027 **377.50

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

Date 04/04/2017

REGISTERED AGENT MUST SIGN

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	Luis Noronha	18851 NE 29th Ave Ste 700	Aventura, FL 33180

11. E-mail Address: rritchie@andersonadvisors.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. 817.156, F.S.

Signature of authorized representative/member

Date 04/04/2017

Daytime Phone # 800-706-4741

Typed or printed name of signing authorized representative/member Luis Noronha