

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2016 OCT 11 AM 11:22

DOCUMENT # **L16000 18 7785**

1 Limited Liability Company's Name

**JSLOVETTE GROUP LLC**

500291 136565  
10/11/16--01040--001 \*\*238.75

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

**1859 Falling Leaves Ct**

Suite, Apt. #, etc

City & State

**Navarre FL**

Zip

**32566**

Country

**US**

3 Mailing Office Address

**5222 N Henry Blvd**

Suite, Apt. #, etc

**H Suite**

City & State

**Stockbridge**

Zip

**30281**

Country

**US**

CR2E041 (1/14)

4. State/Country of Formation

**Florida**

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

**47-3360680**

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

**Shelina Lovett**

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

**1859 Falling Leaves Ct**

Apt. #, Etc.

City

**Navarre**

State

**FL**

Zip Code

**32566**

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

*Shelina Lovett*

REGISTERED AGENT MUST SIGN

Date

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
P	Jarmiah Lovett	1859 Falling Leaves Ct	Navarre, FL 32566
VP	Shelina Lovett	1859 Falling Leaves Ct	Navarre, FL 32566

11. E-mail Address **Wshelina80@gmail.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

*Shelina Lovett*

Date

Daytime Phone #

**678-972-0603**

Typed or printed name of signing authorized representative/member

**Shelina Lovett**