L17000475579

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

700384210987
03/22/22--01015--013 **655.00
~~03/22/22--01015--013 **655.00~~

DOCUMENT #

1. Limited Liability Company's Name
J'L7 LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3115 W AUGUSTA BLVD	3115 W AUGUSTA BLVD
Suite, Apt. #, etc.	Suite, Apt #, etc.
City & State: CHICAGO IL	City & State: CHICAGO IL 60622
Zip: 60622 / Country: USA	Zip: 0622 / Country: USA

4. State/Country of Formation: FL/USA

5. Date Organized or Qualified To Do Business in Florida: 3/1/2017

6. FEI Number: 88-1095794 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ **$5.00 Additional Fee required for a certificate of status**

FILED
2022 MAR 22 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FL

8. **Name and Address of Current Registered Agent**

Name: REGISTERED AGENTS INC.

Street Address (P.O. Box Number is Not Acceptable) Suite,
7901 4th St N

Apt. #, Etc.
STE 300

City: St. Petersburg | State: FL | Zip Code: 33702

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: Bill Hanna Date: 3/9/22

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	JONAS S DA SILVA	3115 W AUGUSTA BLVD	CHICAGO IL 60622
MGR	JOSUE ERALDO DA SILVA	3115 W AUGUSTA BLVD	CHICAGO IL 60622
		REINSTATEMENT	
		2019 - 2022	
		CJ 4/10/2022	

11. E-mail Address: JONAS@JESPARLLC.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: Jonas Silva Date: 3/9/2022 Daytime Phone #: 773-704-1902

JONAS S DA SILVA