PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2020 JAN -9 PM 4:27

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L17-000130846

1. Limited Liability Company's Name
JRM Trading LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
110 Front St.	110 Front St
Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc. Suite 300
City & State Jupiter, FL	City & State Jupiter, FL
Zip 33477 Country U.S	Zip 33477 Country U.S.

4. State/Country of Formation FL, USA

5. Date Organized or Qualified To Do Business in Florida 6/15/2017

6. FEI Number [ ] Applied For [ ] Not Applicable

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

Reinst. 18-20

DC

1-9-20

8. Name and Address of Current Registered Agent

Name: Jason Jenkins

Street Address (P.O. Box Number is Not Acceptable) Suite: 110 Front St

Apt. #, Etc: Suite 300

City: Jupiter | State: FL | Zip Code: 33477

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 1/3/2020
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
AMBR	Jason Jenkins	110 Front St Suite 300	Jupiter, FL 33477

11. E-mail Address: trading@jenkinsrm.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 _____ Date 1/3/2020 Daytime Phone # 303-908-2155

Typed or printed name of signing authorized representative/member JASON JENKINS