L21000465730

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : VALEZAR & ASSOCIATES
Account Number : I20150000092
Phone : (305)252-5505
Fax Number : (888)346-7187

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: martha@valezar.com

LIMITED LIABILITY REINSTATEMENT

JA DAKIS CAPITAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$125.00

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R. HUNT

H21000454692 3

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DIVISION OF CORPORATIONS
2021 DEC 14 PM 12:07

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L18000165930

1. Limited Liability Company's Name
JA DAKIS CAPITAL, LLC

2. Principal Office Address (No P.O. Box #)	3. Mailing Office Address
5944 CORAL RIDGE	5944 CORAL RIDGE
Suite, Apt. #, etc.: #211	Suite, Apt. #, etc.: #211
City & State: CORAL SPRINGS, FL	City & State: CORAL SPRINGS, FL
Zip: 33076 — Country: USA	Zip: 33076 — Country: USA

CR2E041 (3/14)

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 07/10/2018

6. FEI Number: 83-1201324 ☐ 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: VALEZAR & ASSOCIATES INC.

Street Address (P.O. Box Number is Not Acceptable): 12485 SW 137 AVE

Apt. #, Etc.: STE 106

City: MIAMI — State: FL — Zip Code: 33186

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: 12/13/2021

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	PETROS KALAMARAS	208-14 15 Dr	BAYSIDE, NY 11360
MGR	JOHN ANDREADAKIS	5944 CORAL RIDGE DR #211	CORAL SPRINGS, FL 33076

REINSTATEMENT

DEC 14 2021
R. HUNT

11. E-mail address: mirtha@valezar.com
(Date 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 605.0112, 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] Date: 12/13/21 Daytime Phone #: 305-252-5505

Typed or printed name of signing authorized representative/member: PETROS KALAMARAS

H21000454692 3