

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2024 JUL 11 PM 6:05

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DOCUMENT # L20000111846

1. Limited Liability Company's Name  
JL Insight Solutions

JL Consolidated LLC

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

824 NE 17th TER

3. Mailing Office Address

824 NE 17th TER

Suite, Apt. #, etc.

Apt 8

Suite, Apt. #, etc.

Apt 8

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33304

Country

Zip

33304

Country

8. Name and Address of Current Registered Agent

Name

ZenBusiness Inc.

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

336 E. College Ave. Suite 301

Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

04/24/2020

6. FEI Number

85-0861261

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status

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

*Khadizah Hemmati*

REGISTERED AGENT MUST SIGN

Date 06/26/2024

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
Member	Jorge Jesus Solares JR	824 NE 17th TER, Apt 8	Fort Lauderdale, FL 33304

JUL 29

S. PRATHER

11. E-mail Address

(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

*Jorge Solares*

Date 06/26/2024

Daytime Phone #

Typed or printed name of signing authorized representative/member

Jorge Jesus Solares JR