PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

20 SEP 21 PM 12:21

DOCUMENT # L97000000100

1 Limited Liability Company's Name

JRE Enterprises, L.C.

CR2E041 (1/14)

2 Principal Office Address - No P.O. Box #	3 Mailing Office Address
Suite Apt # etc	Suite Apt # etc
City & State	City & State
Zip / Country	Zip / Country

4 State/Country of Formation

5 Date Organized or Qualified To Do Business in Florida

6 FEI Number ☐ Applied For ☐ Not Applicable

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

700352486687
09/21/20--01008--004 **3316.25

8 Name and Address of Current Registered Agent

Name
Keck Eve

Street Address (P.O. Box Number is Not Acceptable) Suite
30533 C.R. 437

Apt # Etc

City: Sorrento, State: FL Zip Code: 32776

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 Eve M Keck Date 9/21/20

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

REINSTATEMENT
2018 - 2020

C. GOLDEN
SEP 21 2020

11 E-mail Address eve@jacksTropical.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 Eve M Keck Date 9/21/20 Daytime Phone #

Typed or printed name of signing authorized representative/member