

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 17 AM 10:08

DOCUMENT # L98000000804

1. Limited Liability Company's Name

J.J.J.S.A.

2. Principal Office Address

4757 STRATFORD CT.

Suite, Apt. #, etc.

2503

City & State

NAPLES, FL

Zip Country

34105 USA

3. Mailing Office Address

4757 STRATFORD CT.

Suite, Apt. #, etc.

2503

City & State

NAPLES FL

Zip Country

34105 USA

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6/15/98

6. FEI Number

582455714

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

SCOTT ARADO

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

4757 STRATFORD CT.

Suite, Apt. #, Etc.

2503

City

NAPLES

State

FL

Zip Code

34105

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

S = B L L

REGISTERED AGENT MUST SIGN

Date

3/13/06

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	JAMES ARADO	920 BONNIE BEAC	River Forest/IL 60305
MGR	SCOTT ARADO	4757 STRATFORD CT. 2503	NAPLES FL 34105
			300069534233 04/05/06--01032--003 **305.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of
Managing Member/Manager

S = B L L

Date

3/13/06

Daytime Phone #

239-403-9087

Typed or printed name of signing Managing Member/Manager

SCOTT B. ARADO