

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 NOV 20 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

DOCUMENT # **L99000001047**

1. Limited Liability Company's Name

JCB CAPITAL GROUP LLC

2. Principal Office Address

7100 CAMINO REAL BLVD

Suite, Apt. #, etc.

SUITE 206

City & State

BOCA RATON FL.

Zip

33433

Country

USA

3. Mailing Office Address

7100 CAMINO REAL BLVD

Suite, Apt. #, etc.

SUITE 206

City & State

BOCA RATON FL.

Zip

33433

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

FEBRUARY 24, 1999

6. FEI Number

65-0899412

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

JCB Capital Group LLC

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

7100 West CAMINO REAL BLVD

Suite, Apt. #, Etc.

Suite 206

City

Boca Raton

State

FL

Zip Code

33433

700003491617-4

-12/08/00--01041--008

*****155.00--***155.00**

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

May P...

REGISTERED AGENT MUST SIGN

Date

11/10/00

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
MANAGER	GARY PROVENZANO	6501 LANDINGS COURT	BOCA RATON FLORIDA 33496
MANAGER	SCOTT SHEETZ	12781 SPIKERUSH CIRCLE	BOCA RATON FLORIDA 33428

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

May P...

Date **11/10/00**

Daytime Phone #

561-362-6066

Typed or printed name of signing Managing Member/Manager

GARY PROVENZANO

CR2E041 (9/00)