

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L99000004381

1. Entity Name
J.W. EQUITIES, L.L.C.



Principal Place of Business
6526 VIA ROSA DRIVE
BOCA RATON, FL 33433

Mailing Address
6526 VIA ROSA DRIVE
BOCA RATON, FL 33433

2. Principal Place of Business
6526 VIA ROSA

Suite, Apt. #, etc.

3. Mailing Address
6526 VIA ROSA

Suite, Apt. #, etc.

City & State
BOCA RATON, FL

Zip
33433

Country
USA

City & State
BOCA RATON, FL 33433

Zip
33433

Country
USA

10202004 REIN-LLC

CR2E101 (6/04)

4. FEI Number
65-0941870

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEISBLAT, JACK
6526 VIA ROSA DRIVE
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name W.A.

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/1/04

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
WEISBLAT, JACK
6526 VIA ROSA DRIVE
BOCA RATON, FL 33433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
~~600042355316~~
~~11/01/04 01060-005 **150.00~~

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
600042355316
11/01/04--01060--005 **155.00

TITLE
NAME
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CITY - ST - ZIP
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

11/1/04

FILED
04 NOV -1 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

