

L99000005565

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 28 PM 1:00

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07/28/03--01066--002 **225.00

DOCUMENT # L99000005565

1. Limited Liability Company's Name

JTK REALTY HOLDINGS, LLC

REINSTATEMENT

2001-

2003

2. Principal Office Address

7125 S.W. 47th Street

Suite, Apt. #, etc.

Unit 309

City & State

Miami, Florida

Zip

33155

Country

USA

3. Mailing Office Address

7125 S.W. 47th Street

Suite, Apt. #, etc.

Unit 309

City & State

Miami, Florida

Zip

33155

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified

To Do Business in Florida 9-3-99

6. FEI Number

☒ 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

Raymond L. Robinson, Esq., Robinson & Associates, P.A.

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

1501 Venera Avenue, Suite 300

Suite, Apt. #, Etc.

Suite 300

City

Coral Gables

State

FL

Zip Code

33146

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

REGISTERED AGENT MUST SIGN

Date

7/22/03

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
Mngr.	JOHN KANE	7125 S.W. 47th Street, Unit 309	Miami, FL 33155
	REINSTATEMENT	2001-2003	

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

Date

7/18/03

Daytime Phone # (305) 812-2332

Typed or printed name of signing Managing Member/Manager

JOHN KANE