(1)

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # L 99000007480

1. Limited Liability Company's Name
JJD Pompano, LLC

2. Principal Office Address	3. Mailing Office Address
19500 Turnberry Way	19500 Turnberry Way
Suite, Apt. #, etc. Unit 3C	Suite, Apt. #, etc. Unit 3C
City & State Aventura FL	City & State Aventura, FL.
Zip 33180 Country USA	Zip 33180 Country USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: November 5, 1999

6. FEI Number: 65-1026805 (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: Joshua L. Dubin

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12000 Biscayne Boulevard
Apt. Penthouse 810
City: Miami State: FL Zip Code: 33181

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: [signature] Date: 11/6/00
REGISTERED AGENT MUST SIGN

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
MGRM	Jay Schwartz	19500 Turnberry Way #3C	Aventura, FL. 33180
MGRM	Josh Dubin	10000 E. Broadview Drive	Bay Harbor, FL. 33154
MGRM	Dan Levine	701 Rockefeller Lane	Plantation, FL. 33324

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: [signature] Date: 11/6/00 Daytime Phone # 305 895 4545

Typed or printed name of signing Managing Member/Manager: Joshua L. Dubin