

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

142

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JUL -1 AM 8:38

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DOCUMENT # M00000001468

1. Limited Liability Company's Name

JLS GP, LLC

2. Principal Office Address

400 Arthur Godfrey Road

Suite, Apt. #, etc.

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City & State

Miami Beach, Florida

Zip

33140

Country

USA

3. Mailing Office Address

400 Arthur Godfrey Road

Suite, Apt. #, etc.

200

City & State

Miami Beach, Florida

Zip

33140

Country

USA

4. State/Country of Formation

Delaware, USA

5. Date Organized or Qualified  
To Do Business in Florida

7/26/2000

6. FEI Number

65-1030893

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

Eric D. Sheppard

ADM -

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

400 Arthur Godfrey Road

Suite, Apt. #, Etc.

200

City

Miami Beach

State

FL

Zip Code

33140

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

Eric D. Sheppard  
REGISTERED AGENT MUST SIGN

Date

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
Managing Member	Eric D. Sheppard	400 Arthur Godfrey Road	Miami Beach, FL 33140
			900006163509-1 -07/02/02--01058--031
			****200.00 ****200.00

REINSTATEMENT

2001-  
2002

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

Eric D. Sheppard

Date

5/16/02

Daytime Phone #

(305) 673-9707

Typed or printed name of signing Managing Member/Manager

Eric D. Sheppard Managing Member

CR2E041 (9/99)



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

June 3, 2002

J.L.S., GP LLC  
400 ARTHUR GODFREY ROAD #200  
MIAMI BEACH, FL 33140

SUBJECT: J.L.S., GP LLC  
Ref. Number: M00000001468

We have received your document for J.L.S., GP LLC and check(s) totaling \$200.00. However, your check(s) and document are being returned for the following:

The name, Florida street address, and signature of your registered agent must be included on your reinstatement (see sections 8 and 9).

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration/Qualification Section  
Division of Corporations Letter Number: 102A00035771

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