

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAR 16 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M 07000001274**

1. Limited Liability Company's Name

Q.J.C. LLC

600171860286
03/11/10--01002--025 **416.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

3822 NW 52ND ST.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

BOCA RATON, FLORIDA

City & State

FLORIDA

Zip

33496

Country

Zip

Country

4. State/Country of Formation

New York

5. Date Organized or Qualified
To Do Business in Florida

3/5/2007

6. FEI Number

201290912

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

DAVID BELLMAN

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

3822 NW 52ND STREET

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33496

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

David Bellman

REGISTERED AGENT MUST SIGN

Date

3/10/10

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
Pres	DAVID Bellman	3822 NW 52ND ST	BOCA RATON, FL, 33496

REINSTATEMENT -08-10

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

David Bellman

Date **3/10/10**

Daytime Phone # **861-900-7239**

Typed or printed name of signing Managing Member/Manager