

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE

**L00000006005**

FILED

02 JAN 10 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L00000006005**  
1. Limited Liability Company's Name  
**T J RENTALS & INVESTMENTS, LLC**

**000004777300--7**  
-01/16/02--01027--003  
\*\*\*\*150.00 \*\*\*\*150.00

2. Principal Office Address <b>14320 NW 12 AVE MIA FL 33168</b>		3. Mailing Office Address <b>614 NW 62 ST MIA FL 33150</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI FLORIDA</b>		City & State <b>MIAMI FLORIDA</b>	
Zip <b>33168</b>	Country <b>USA</b>	Zip <b>33150</b>	Country <b>USA</b>

4. State/Country of Formation  
**FLORIDA USA**

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number  
**65-1011220**

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
**Spiegel & Utrera, P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**1840 Coral Way, 4th Floor**

Suite, Apt. #, Etc.

City  
**Miami, FL**

State  
**FL**

Zip Code  
**33145**

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  
**By: [Signature] Natalia Utrera V.P.**

REGISTERED AGENT MUST SIGN

Date **12/31/01**

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
<b>MGR</b>	<b>Thaddeus D. Jones</b>	<b>14320 NW 12 Ave</b>	<b>Miami Florida 33168</b>

**REINSTATEMENT 2001**

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 **12/31/01** Daytime Phone # **(305) 389-2856**