L02000005868

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
07 JUL 18 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000005868

1. Limited Liability Company's Name
SJD FAMILY ENTERPRISES, LLC

04

BK

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
2600 ISLAND BLVD.	2600 ISLAND BLVD
Suite, Apt. #, etc. #1901	Suite, Apt. #, etc. #1901
City & State AVENTURA, FL	City & State AVENTURA, FL
Zip 33160-5210 Country USA	Zip 33160-5210 Country USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 03/08/2002

6. FEI Number: 41-2078335 ☐ 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: HYATT M. FRIED ESQ.

Street Address (P.O. Box Number is Not Acceptable): 1384 COMELLIA CIRCLE

Suite, Apt. #, Etc.: PENTHOUSE SUITE

City: WESTON State: FL Zip Code: 33326

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: Hyatt M Fried Date: 7/5/07
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	Sean J. Donegan	BK	
			100108865781
	REINSTATEMENT 2004-2007		

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: 6/29/07 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: Sean J. Donegan

CSC.

CORPORATION SERVICE COMPANY

L02000005868

ACCOUNT NO. : 072100000032

REFERENCE : 015083 4722189

AUTHORIZATION :

COST LIMIT : $ 300.00

ORDER DATE : July 18, 2007

ORDER TIME : 3:08 PM

ORDER NO. : 015083-005

CUSTOMER NO: 4722189

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: SJD FAMILY ENTERPRISES, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney - Ext# 2916

EXAMINER'S INITIALS ________