2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN 21 AM 9:12

DOCUMENT # L04000023459

1. Entity Name
SAJO MANAGEMENT GROUP, LLC

Principal Place of Business	Mailing Address
904 NE 10TH AVENUE POMPANO BEACH, FL 33060	904 NE 10TH AVENUE POMPANO BEACH, FL 33060

06232006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business	3. Mailing Address
212 Lake Point Dr.	212 Lake Point DR
Suite, Apt. #, etc.: 212	Suite, Apt. #, etc.: 212
City & State: Ft Lauderdale, Fl	City & State: Ft Lauderdale, Fl
Zip: 33309 Country: US	Zip: 33309 Country: US

4. FEI Number: 20-5091059 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

JOSEPH, SAMUEL
904 NE 10TH AVENUE
POMPANO BEACH, FL 33060

7. Name and Address of New Registered Agent

Name: MARK HAJEC
Street Address (P.O. Box Number is Not Acceptable): TAX RECOVERY SERVICES
429 E SHERIDAN ST
City: DANIA BEACH FL Zip Code: 33004

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Mark Hajec MARK HAJEC 6/23/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT SAMUEL JOSEPH 212 LAKE POINT DR FT. LAUDERDALE, FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President SAMUEL JOSEPH 212 LAKE POINT DR FT. LAUDERDALE, FL 33309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700075752787 06/30/06 01014 014 **100.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 05-06	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Mark Hajec MARK HAJEC 6-23-06 954-921-1041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #