

**2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000075374

**FILED**  
**Oct 07, 2009**  
**Secretary of State**

**Entity Name:** BURJ, LLC

**Current Principal Place of Business:**

6538 COLLINS AVE., #318  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

6538 COLLINS AVE., #318  
MIAMI BEACH, FL 33141

**New Mailing Address:**

**FEI Number:** 75-3269198      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

JONAS, DANIEL E  
300-71ST ST., STE. 405  
MIAMI BEACH, FL 33141      US

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.

SIGNATURE: DANIEL JONAS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MGR                      ( ) Change (X) Addition  
Name:                      FERNANDEZ, JOSE D  
Address:                      6538 COLLINS AVE., #318  
City-St-Zip:                      MIAMI BEACH, FL 33141

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSE FERNANDEZ

MGR

10/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date