

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M03000003651

1. Limited Liability Company's Name

CJAM HOLDINGS, LLC

2. Principal Office Address

240 WEST 7TH STREET

Suite, Apt. #, etc.

City & State

CHULUOTA FL

Zip

32766

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

CHULUOTA, Florida

Zip

32766

Country

USA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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CR2E041 (8/05)

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

10/31/2003

6. FEI Number

☒ 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

MARK A Bessette

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

240 WEST 7TH STREET

Suite, Apt. #, Etc.

City

CHULUOTA

State

FL

Zip Code

32766

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

Mark A Bessette
REGISTERED AGENT MUST SIGN

Date 11-18-05

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
MGR	MARK A Bessette	240 WEST 7TH STREET	CHULUOTA, FL. 32766
MGR	Colette L Bessette	240 WEST 7TH STREET	CHULUOTA, FL. 32766

REINSTATEMENT
04-05

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

Mark A Bessette

Date 11-18-05

Daytime Phone (407) 365-9553

Typed or printed name of signing Managing Member/Manager