L96000000847

FILED
97 NOV -5 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L96000000847

ARJ TECHNOLOGIES LLC
1801 SOUTH FEDERAL HWY #216
DELRAY BEACH, FL 33483 - USA

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address
1801 SOUTH FEDERAL HWY
SUITE 216
DELRAY BEACH, FL 33483
U.S.A.

2. Principal Place of Business
1801 SOUTH FEDRAL Hwy
Suite, Apt. #, etc.
SUITE 216
City & State
DELRAY BEACH, FL
Zip 33483 Country U.S.A.

2a. Mailing Address
1801 SOUTH FEDERAL Hwy
Suite, Apt. #, etc.
SUITE 216
City & State
DELRAY BEACH, FL
Zip 33483 Country U.S.A.

3. Date Organized or Qualified
AUGUST 1996

3a. State of Formation
FLORIDA

4. FEI Number
65-0685675

☐ Applied For
☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired
$8.75 Additional Fee Required ☑

7. Name and Address of Current Registered Agent

MOUSSA SLIM
926 ALLAMANDA DR.
DELRAY BEACH, FL 33483
U.S.A.

8. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, etc.

700002343517--8
-11/10/97--01164--006
City ****712.50 ****712.50
FL

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 _____ Date 11-3-97
REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
PRESIDENT MGRM	MOUSSA SLIM	1801 S. FEDERAL HWY #216	DELRAY BEACH, FL 33483
MBR	MOHAMAD OSMAN		

REINSTATEMENT 97

CUS AL 11-5

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 _____ Date 11-3-97 Daytime Phone # 561-278-3300

Typed or printed name of signing Managing Member/Manager MOUSSA SLIM