

2001-2002

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DOCUMENT

1. Entity Name

FJ ASSOCIATES (MI) LIMITED PARTNERSHIP

REINSTATEMENT

Principal Place of Business

31800 NORTHWESTERN HIGHWAY, SUITE 207
FARMINGTON HILLS MI 48334

Mailing Address

31800 NORTHWESTERN HIGHWAY, SUITE 207
FARMINGTON HILLS MI 4833402 JUN 20 PM 1:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

M-JM



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 26, 2001

4. FEI Number

38-2729286 APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARGENTI, ROBERT

C/O FLORIDA TRUST REALTY, INC.

2500 WESTON ROAD, SUITE 302

WESTON FL 33331

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION.A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME JADE, AARON J
STREET ADDRESS 31800 NORTHWESTERN HIGHWAY, SUITE 207
CITY-ST-ZIP FARMINGTON HILLS MI 48334STREET ADDRESS 000006036620--0
CITY-ST-ZIP -06/26/02--01026--001
****541.25 ****541.25DOCUMENT #
NAME REINSTATEMENT
STREET ADDRESS
CITY-ST-ZIP 2001-2002STREET ADDRESS 000006036620--0
CITY-ST-ZIP -06/26/02--01026--002
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Robert J. Argenti

9/7/01

(954) 389-4711

Date

Daytime Phone #

CR2E003 (5/01)