

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

01 OCT 29 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L00000000936**

**1. Limited Liability Company's Name**

LE-JOHN ENTERPRISES, LLC.

**2. Principal Office Address**

20401 N.W. 2ND AVE.

Suite, Apt. #, etc.  
300

City & State

MIAMI, FLORIDA

Zip

33169

Country

USA

**3. Mailing Office Address**

20401 N.W. 2ND AVE.

Suite, Apt. #, etc.  
300

City & State

MIAMI, FLORIDA

Zip

33169

Country

USA

**REINSTATEMENT 2001**

**4. State/Country of Formation**

FL/USA

**5. Date Organized or Qualified  
To Do Business in Florida**

1/26/2000

**6. FEI Number**

65-0979214

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

\$500 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

JOHNNY L. HUGHLEY, SR.

100004676941-9

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

20401 N.W. 2ND AVE.

11/13/01-01071-085

\*\*\*\*150.00 \*\*\*\*150.00

Suite, Apt. #, Etc.

300

City

MIAMI

State

FL

Zip Code

33169

**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

*Johnny L. Hughley*  
REGISTERED AGENT MUST SIGN

Date 10-22-01

**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
MGRM	HUGHLEY, JOHNNY L.	20401 N.W. 2ND AVE., STE. 300	MIAMI, FLORIDA 33169
MGRM	HUGHLEY, LEANDER W.	20401 N.W. 2ND AVE., STE. 300	MIAMI, FLORIDA 33169

**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

*Johnny L. Hughley*

Date 10-22-01 Daytime Phone # 442-4517

Typed or printed name of signing Managing Member/Manager