

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 NOV 15 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

R.J. COMPANY, L.C.

DOC. N: L00000006481.

2. Principal Office Address

8877 COLLINS AVE.

Suite, Apt. #, etc.

609.

City & State

MIAMI FL.

Zip

33154

Country

U.S.A

3. Mailing Office Address

8877 COLLINS AVE.

Suite, Apt. #, etc.

609.

City & State

MIAMI FL.

Zip

33154

Country

U.S.A

4. State/Country of Formation

FLORIDA U.S.A

5. Date Organized or Qualified  
To Do Business in Florida

06/02/2000.

6. FEI Number

65-1015721

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 2001

8. Name and Address of Current Registered Agent

Name

MICHAEL FELDEN KRAIS, Esq.

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

290 NW 165 STREET

Suite, Apt. #, Etc.

PLAZA 100.

City

MIAMI

State

FL

Zip Code

3316P.

500004702455-4

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

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 11/11/01

REGISTERED AGENT MUST SIGN

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
MEM	ROBERTO D. NEVES	8877 COLLINS AV. 609	MIAMI FL 33154.

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

11.11.01

Daytime Phone #

305-865-5569.

Typed or printed name of signing Managing Member/Manager

ROBERTO D. NEVES.

CR2E041 (9/01)