


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
Dec 28, 2001 8:00 A.M.
Secretary of State

DOCUMENT # L000000013806

1. Limited Liability Company's Name

MAJIKLURES LLC

2. Principal Office Address

6158-2 Riverwalk Ln.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jupiter FL

City & State

Zip

33458

Country

US

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

65-1070058

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

Jeffrey Bell

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

6158-2 Riverwalk Lane

300004762273-0

Suite, Apt. #, Etc.

-01/09/02-01034-020

***150.00 ***150.00

City

Jupiter FL

State

FL

Zip Code

33458

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

REGISTERED AGENT MUST SIGN

Date 12/21/01

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
<u>mbr</u>	<u>Jeffrey Bell</u>	<u>6158-2 Riverwalk Ln</u>	<u>Jupiter, FL 33458</u>

REINSTATEMENT

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 12/24/01

Daytime Phone #

5615756870

Typed or printed name of signing Managing Member/Manager