

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 14 PM 4:09

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (12/07)

DOCUMENT #

1. Limited Liability Company's Name

L00000014437
R.M.J.T.J., L.L.C.

2. Principal Office Address - No P.O. Box #

545 ST LUCIE CRESCENT

Suite, Apt. #, etc.

City & State

STUART, FL

Zip

34994

Country

US

3. Mailing Office Address

545 ST LUCIE CRESCENT

Suite, Apt. #, etc.

City & State

STUART, FL

Zip

34994

Country

US

4. State/Country of Formation

FLORIDA, MARTIN COUNTY

5. Date Organized or Qualified
To Do Business in Florida

11/22/00

6. FEI Number

656350286

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

MARGUERITE S. CAMPION

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

545 ST LUCIE CRESCENT

Suite, Apt. #, Etc.

City

STUART

State

FL

Zip Code

34994

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Marguerite S. Campion
REGISTERED AGENT MUST SIGN

Date 4/7/08

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	MARGUERITE S. CAMPION	545 ST LUCIE CRESCENT	STUART, FL 34994
			500123282955 04/14/08--01050--025 **555.00
			REINSTATEMENT WOP 05-08

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

Marguerite S. Campion
MARGUERITE S. CAMPION

Date 4/7/08

Daytime Phone# 772-288-6732

Typed or printed name of signing Managing Member/Manager