2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 NOV 26 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000003248

1. Entity Name
MJL ENTERPRISES, LLC

Principal Place of Business	Mailing Address
8675 BLUE FLAG WAY NAPLES, FL 34109	8675 BLUE FLAG WAY NAPLES, FL 34109

11182008 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
509 S. MAIN Street	PO Box 550
Suite, Apt. #, etc.: Suite A	Suite, Apt. #, etc.:
City & State: LAS Cruces NM	City & State: LAS Cruces NM
Zip: 88001 Country: USA	Zip: 88004 Country: USA

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAVIN, CHARLES M JR 8675 BLUE FLAG WAY NAPLES, FL 34109	Name: LAVIN, Charles M JR Street Address (P.O. Box Number is Not Acceptable): 2728 Tiburon Blvd Unit A-403 City: Naples FL Zip Code: 34109

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Charles M Lavin Jr 11-20-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $238.75
After January 1, 2009, Fee will be $377.50

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LAVIN, CHARLES 509 SOUTH MAIN STREET, SUITE A LAS CRUCES, NM 88001	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Michael Lavin 509 S. Main Street Suite A Las Cruces, NM 88001	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100138256241 11/25/08--01014--006 **243.75	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 11/19/08 (575)538-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #