

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT -8 AM 8:43

DOCUMENT # 201000005473

1. Limited Liability Company's Name

CJH VENTURES, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
11523 MONETTE ROAD

Suite, Apt. #, etc.

City & State
RIVERVIEW, FL

Zip
33569

Country

3. Mailing Office Address
11523 MONETTE ROAD

Suite, Apt. #, etc.

City & State
RIVERVIEW, FL

Zip
33569

Country

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 4/9/2001

6. FEI Number
59-3710291

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
CHRIS HOFFMAN

Street Address (P.O. Box Number is Not Acceptable)
11523 MONETTE ROAD

Suite, Apt. #, Etc.

City
RIVERVIEW

State
FL

Zip Code
33569

☒ 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

REGISTERED AGENT MUST SIGN

Date

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
P	CHRIS HOFFMAN	11523 MONETTE ROAD	RIVERVIEW, FL 33569
VP	JOANNE HOFFMAN	11523 MONETTE ROAD	RIVERVIEW, FL 33569

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10/08/07--01014--007 **300.00

REINSTATEMENT
2004-2007

BLT

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 10-4-07

Daytime Phone #

813-623-6830

Typed or printed name of signing Managing Member/Manager

CHRIS HOFFMAN