


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L01000005473

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP -2 AM 9:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L01000005473
Name and Mailing Address

0006440 01 FP 0.352 **PRSR TO 0 0615 33569-462923
CJH VENTURES, LLC
11523 MONETTE ROAD
RIVERVIEW FL 33569-4629



9/2 2002-2003

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 11523 MONETTE ROAD RIVERVIEW FL 33569		3. New Principal Place of Business Address City, State, Zip	5. Date Organized or Qualified To Do Business in Florida 04/09/2001
		6. FEI Number 59-3710291	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent HOFFMAN, CHRIS 11523 MONETTE ROAD RIVERVIEW FL 33569		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. 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: <i>Chris Hoff</i> Date: 8/1/03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres	CHRISTOPHER M HOFFMAN	11523 MONETTE RD	RIVERVIEW FL 33569
V. Pres	JOANNE L HOFFMAN	11523 MONETTE RD	RIVERVIEW FL 33569

12. 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: *Chris Hoff* Date: 8/1/03 Daytime Phone #

CR2E084 (8/02)