

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L01000006596



1. Entity Name
CEE JAY, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 24 AM 9:51

Principal Place of Business
C/O 9000 SW 152ND ST., STE. 102
MIAMI, FL 33157

Mailing Address
C/O 9000 SW 152ND ST., STE. 102
MIAMI, FL 33157

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



10202005 REIN-LLC CR2E101 (6/04)

4. FEI Number
65-1098353

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, B. MACKAY ESQ
C/O WHITE & BROWN, P.A.
9000 SW 152ND ST., STE. 102
MIAMI, FL 33157

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *[Signature]* *MGRM* 10/20/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BROWN, MACKAY B	
STREET ADDRESS	9000 SW 152 ST 102	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WILLIAMSON, THOMAS	
STREET ADDRESS	7815 SW 104 ST	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RUSSO, ROBERT	
STREET ADDRESS	13205 SW 71 AVE	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	200060899712		
STREET ADDRESS	10/24/05--01066--001		**150.00
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

REINSTATEMENT *2005*

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* *MGRM* 10/20/05 305-259-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #