

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 11 AM 8:37

DOCUMENT # L01000010569

1. Limited Liability Company's Name

RAJ ENTERPRISES, LLC

REINSTATEMENT 04-05

2. Principal Office Address
1977 Gulfshore Blvd N

Suite, Apt. #, etc.

702

City & State

Naples, Florida

Zip

Country

34102

USA

3. Mailing Office Address
1977 Gulfshore Blvd N

Suite, Apt. #, etc.

702

City & State

Naples, Florida

Zip

Country

34102

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

6/29/01

6. FEI Number

621619905

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

Daniel T. White, Esq.

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

c/o The Commerce Law Group, 1115 N.W. 13th Street

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32601

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 2/14/05

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	Margaret M. Johnson	1977 Gulfshore Blvd N	Naples, FL 34102
MGRM	Richard A. Johnson	1977 Gulfshore Blvd N	Naples, FL 34102

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

Margaret M. Johnson

Date

2/14/05

Daytime Phone # 423-593-4886

Typed or printed name of signing Managing Member/Manager

Margaret M. Johnson

CR2E041 (10/02)