

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 MAY -2 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000017828

1. Limited Liability Company's Name

MJ RAMOS, LLC

2. Principal Office Address

4411 REINERWARTH DR.

Suite, Apt. #, etc.

201

City & State

BONET SPRINGS FL

Zip

34134

Country

USA

3. Mailing Office Address

3490 MOCHRE COURT

Suite, Apt. #, etc.

City & State

ROCHESTER HILLS, MICHIGAN

Zip

48306

Country

U.S.A.

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10/17/2001

6. FEI Number

38-3637566

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

FLOOD, PETER T

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

125 N AIRPORT RD

Suite, Apt. #, Etc.

SUITE 202

City

NAPLES

State
FL

Zip Code

34104

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

Date

4/20/05

REGISTERED AGENT MUST SIGN

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
MGR	MICHAEL RAMOS	3490 MOCHRE CT.	ROCHESTER HILLS, MI 48306
MGR	MARCEA RAMOS	3490 MOCHRE CT.	ROCHESTER HILLS, MI 48306
			700054872707
			05/20/05--01003--004 **100.00
			REINSTATEMENT 04-05
			NO PENALTY

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

4/21/05

Daytime Phone #

(248) 475-1147

Typed or printed name of signing Managing Member/Manager

MICHAEL RAMOS

CR2EM1 (10/02)