

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 27 AM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000018669

Name and Mailing Address

0002780 01 FP 0.352 **PRSRT T9 0 0615 33172-213475



CJR INVESTMENTS, L.L.C.
3075 NW 107TH AVE.
MIAMI FL 33172-2134



CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

Principal Place of Business

3075 NW 107TH AVE.
MIAMI FL 33172

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10/29/2001

6. FEI Number

30-0064889

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

GARCIA, WILLIAM
201 ALHAMBRA CIRCLE
SUITE 500
CORAL GABLES FL 33134

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

REGISTERED AGENT MUST SIGN

Date

11-12-02

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
MGRM	DE CESPEDES, JORGE L	3075 NW 107TH AVE.	MIAMI FL 33172
MGRM	LEMAITRE, RAY	3075 NW 107TH AVE.	MIAMI FL 33172

300009240163
11/27/02--01056--002 **150.00

REINSTATEMENT 2002

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

Date

11-02-02

Daytime Phone #