

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jill Smith
Secretary of State
DIVISION OF CORPORATIONS

L01000021758
FILED

02 OCT 29 AM 9:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L01000021758

Name and Mailing Address

0004683 01 FP 0.352 **PRSR T4 0 0615 33477-119653



HJP HOLDINGS, LLC
4300 SOUTH U.S. HWY. 1
SUITE 203, #106
JUPITER FL 33477-1196

US

MJH



10/29 2002

2. New Mailing Address

Same

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12/14/2001

Principal Place of Business

2701 CYPRESS ISLAND DRIVE
PALM BEACH GARDENS FL 33410
US

3. New Principal Place of Business Address

Same

City, State, Zip

6. FEI Number

03.0443537

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

PALAT, HELEN J
4300 SO. U.S. HWY. 1
SUITE 203, #106
JUPITER FL 33477

9. Name and Address of New Registered Agent

Name

Same

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

Helen J. Palat
REGISTERED AGENT MUST SIGN

Date

10-28-02

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	Helen J Palat	4300 SO. U.S. Hwy 1 Suite 203, #106	Jupiter FL 33477

200008669032

10/29/02--01084--003 **150.00

CR2E084 (8/02)

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

Helen J. Palat

Date

10-28-02

Daytime Phone #

561-703-2897

Typed or printed name of signing Managing Member/Manager

Helen J. Palat