

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -3 PM 2:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L02000005868

1. Limited Liability Company's Name

SJD FAMILY ENTERPRISES, LLC.

2. Principal Office Address

2600 ISLAND BLVD.

Suite, Apt. #, etc.

1901

City & State

AVENTURA, FLORIDA

Zip

33160-5210

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

FLORIDA/USA

**5. Date Organized or Qualified
To Do Business in Florida**

MARCH 8, 2002

6. FEI Number

☒ 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

HYATT M. FRIED, ESQ.

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

1384 CAMELLIA CIRCLE

Suite, Apt. #, Etc.

PENTHOUSE SUITE

City

WESTON

State

FL

Zip Code

33326

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

11/12/03

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
MD/owner	SEAN J. DONEGAN	2600 ISLAND BLVD., #1901	AVENTURA, FLORIDA 33160

REINSTATEMENT 2003

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

[Signature]
SEAN J. DONEGAN

Date

11/17/03

Daytime Phone #

305-525-1912

Typed or printed name of signing Managing Member/Manager

SEAN J. DONEGAN

CR2E041 (10/02)