P8192

FILED
13 JAN 15 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

08-12 CR2E041 (1/11)

DOCUMENT # L02000005868

1. Limited Liability Company's Name
SJD Family Enterprises, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
501 S Ocean Blvd.		501 S Ocean Blvd.	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
Unit #201		Unit #201	
City & State		City & State	
Boca Raton FL		Boca Raton FL	
Zip	Country	Zip	Country
33432	USA	33432	USA

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified To Do Business in Florida 3/8/2002

6. FEI Number 41-2078335 — 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
Sean J. Donegan

Street Address (P.O. Box Number Is Not Acceptable)
501 S Ocean Blvd.

Suite, Apt. #, Etc.

City	State	Zip Code
Boca Raton FL	FL	33432

E-mail Address:
000243660560
(To be used for future annual report notices)

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 1-14-13
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
MGRM	Sean J. Donegan	501 S. Ocean Blvd Unit #201	Boca Raton FL 33432a
			JAN 15 2013
			S. PRATHER

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager _____ Date 1-14-13 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 495672 4722189

AUTHORIZATION : Lynn Coleman

COST LIMIT : $ ~~932.50~~ 937.50

ORDER DATE : January 14, 2013

ORDER TIME : 3:45 PM

ORDER NO. : 495672-005

CUSTOMER NO: 4722189

DOMESTIC FILINGS

NAME: SJD FAMILY ENTERPRISES, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret - Ext# 52949

EXAMINER'S INITIALS _____