P08192

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

DOCUMENT # L02000005868

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

08-12 CR2E041 (1/11)

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 _____