

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
10 JUN 15 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (11/09)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000014924			
1. Limited Liability Company's Name LJ Holdings, LLC			
2. Principal Office Address - No P.O. Box # 25901 Hickory Blvd. Suite, Apt. #, etc. Suite 306 City & State Bonita Springs, FL Zip 34134 Country U.S.		3. Mailing Office Address 4888 Indian Creek Dr. Suite, Apt. #, etc. City & State Jackson, MI Zip 49201 Country U.S.	
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 06/14/2002	
6. FEI Number 753071948		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			
8. Name and Address of Current Registered Agent Name Michael S. Tobin Street Address (P.O. Box Number is Not Acceptable) 11900 Biscayne Blvd. Suite, Apt. #, Etc. Suite 740 City Miami State FL Zip Code 33181			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S. Signature of Registered Agent Date: 5/7/10 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 John Macchia 128 Flamingo Avenue Naples, MI 34108 S. HAWKES MAY 20 2010 EXAMINER 2006-10			
11. E-mail Address: mtobin@rothmanandtobin.com			
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 606, 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 606.406, 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 John Macchia Date: 5-7-10 Daytime Phone #: 517 2066078 Typed or printed name of signing Managing Member/Manager John Macchia			



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2010

LJ HOLDINGS, LLC
25901 HICKORY BLVD SUITE 306
BONITA SPRINGS, FL 34134

SUBJECT: LJ HOLDINGS, LLC
Ref. Number: L02000014924

We have received your document for LJ HOLDINGS, LLC and your check(s) totaling \$693.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 010A00012831