PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2009 MAY 13 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000015244

CR2EC41 (10/08)

1. Limited Liability Company's Name
AGJ Management, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
121 Moonachie Avenue	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Moonachie, NJ	City & State
Zip: 07074 Country: USA	Zip Country

4. State/Country of Formation: Florida, USA
5. Date Organized or Qualified To Do Business in Florida: 6/19/2002
6. FEI Number: 01-0729256 ☐ 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: Robert V. Potter
Street Address (P.O. Box Number is Not Acceptable): 911 Chestnut Street
Suite, Apt. #, Etc.
City: Clearwater State: FL Zip Code: 33756

☒ A $100 reinstatement fee is imposed, except *in circumstances which the entity did not receive the prior notices.* By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Robt Potter Date: 4/28/09
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Albert Wozniak	121 Moonachie Avenue	Moonachie, NJ 07074

REINSTATEMENT 04-09 AL

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 filed 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 Member/Manager: Albert Wozniak POA Albert Wozniak POA Date: _____ Daytime Phone#: _____

Typed or printed name of signing Managing Member/Manager: Albert Wozniak

HERE

600153875866
04/30/09--01002--021 **832.00