

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 SEP -9 P 4: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

48

DOCUMENT # L02000019318

1. Limited Liability Company's Name

ENDEAVOR CAPITAL PARTNERS I, LLC

2. Principal Office Address

121 Moonachie Avenue

Suite, Apt. #, etc.

City & State

Moonachie, NJ

Zip

07074

Country

US

3. Mailing Office Address

121 Moonachie Avenue

Suite, Apt. #, etc.

City & State

Moonachie, NJ

Zip

07074

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

7/19/2002

6. FEI Number

01-0736795

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

Troy J. Perdue

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

911 Chestnut Street

08/02/04 01033-002 **205.00

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33756

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

REGISTERED AGENT MUST SIGN

Date

7/7/04

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
MGR	AGJ Management	121 Moonachie Avenue	Moonachie, NJ 07074

700039782627

08/02/04 01033-002 **205.00

REINSTATEMENT

2003-
2004

cus
dec

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

Date

7/30/04

Daytime Phone #

261-460-0500

Typed or printed name of signing Managing Member/Manager

Albert J. Wozniak, Manager AGJ Management

CR2E041 (10/02)