

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -7 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000022206

1. Limited Liability Company's Name

CJ AND TJ, LLC

2. Principal Office Address

1095 E. KERWOOD CIRCLE

Suite, Apt. #, etc.

City & State

OVIEDO, FL

Zip

32765

Country

USA

3. Mailing Office Address

C/O YERGEY & YERGEY

Suite, Apt. #, etc.

211 N. MAGNOLIA AVENUE

City & State

ORLANDO, FL

Zip

32801

Country

USA

600030476066
03/15/04--01056--002 **150.00

4. State/Country of Formation

FL

**5. Date Organized or Qualified
To Do Business in Florida**

8/28/02

6. FEI Number

52-2369066

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

DAVID A. YERGEY, JR.

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

211 N. MAGNOLIA AVENUE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32801

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

4/5/04

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 | CANDACE J. ALCORN | 1095 E. KERWOOD CIRCLE | OVIEDO, FL 32765 |
| MGR | TIMOTHY J. LONCHARICH | 1095 E. KERWOOD CIRCLE | OVIEDO, FL 32765 |
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REINSTATEMENT

03-04

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

3/8/04

Daytime Phone #

407-831-6243

Typed or printed name of signing Managing Member/Manager