

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -7 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000022729

Name and Mailing Address

0005216 01 AT 0.292 **AUTO T1 0 0615 33062-520913



LJ LLC

2213 E. ATLANTIC BLVD.

POMPANO BEACH FL 33062-5209

200026323292
01/07/04--01020--021 **150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/04/2002	
Principal Place of Business 2213 E. ATLANTIC BLVD. POMPANO BEACH FL 33062	3. New Principal Place of Business Address City, State, Zip	6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent KERLEW, MICHAEL 2213 E. ATLANTIC BLVD. POMPANO BEACH FL 33062		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. 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 NOTARIZATION REQUIRED Date _____ REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRES.	LELA JOHNSON	2213 E. ATLANTIC BLVD.	POMPANO BCH., FL 33062
12. 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 11-11-03	Daytime Phone #
Typed or printed name of signing Managing Member/Manager LELA JOHNSON			

REINSTATEMENT

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CR2EQ34 (7/03)