

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000027802

1. Limited Liability Company's Name

KJR, LLC

2. Principal Office Address - No P.O. Box #

28100 Bonita Grande Dr

Suite, Apt #, etc

Suite 103

City & State

Bonita Springs, FL

Zip

34135

Country

USA

3. Mailing Office Address

28100 Bonita Grande Dr

Suite, Apt #, etc

Suite 103

City & State

Bonita Springs, FL

Zip

34135

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida
10/21/2002

6. FEI Number

57-1143729

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

Chris Ragain

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

28100 Bonita Grande Dr

Suite, Apt #, Etc.

Suite 103

City

Bonita Springs

State

FL

Zip Code

34135

400260813524

06/02/14--01054--007 **660.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 6/18/14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	Johnson-Crowther, Karen	832 N. Town & River Dr.	Ft. Myers, FL 33919
MGRM	Robert Watson Trust	2424 College Rd.	Southaven, MS 38672
MGRM	Shields, John	20041 Legacy Ct.	Estero, FL 33928
MGRM	Skulina, Russell	10008 Revolutionary Pl.	Mechanicsville, VA 23116

11. E-mail Address: cragain@ragainfinancial.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s 817.155, F.S.

Signature of

Authorized Representative/Manager

Date 5/28/2014

Daytime Phone # 239-948-0314

Typed or printed name of signing Authorized Representative/Manager Christopher Ragain