

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 JUL 11 AM 9:14  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

DOCUMENT # L02000028929

1. Limited Liability Company's Name

AJREH, LLC

03

BK

2. Principal Office Address

6616 NW 56 DR.

Suite, Apt. #, etc.

3. Mailing Office Address

6616 NW 56 Dr.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip Country

33067

City & State

Coral Springs, FL

Zip Country

33067

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

10-30-2002

6. FEI Number

☒ 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

JAMES GREEN

07/14/05--01058--001 \*\*150.00

000057476050

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

6616 N.W. 56 DRIVE

07/14/05--01058--001 \*\*150.00

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33067

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

James Green

REGISTERED AGENT MUST SIGN

Date

**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
MGRM	JAMES GREEN	6616 NW 56 Dr.	CORAL SPRINGS, FL 33067

REINSTATEMENT 2003-2005

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

James Green

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)

LO2000028929

AJREH, LLC

FILED  
05 JUL 11 AM 9:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

BK

AS PER OUR PHONE CONVERSATION I AM SENDING TO YOU THIS LETTER OF EXPLANATION AND THE UBR FORM ALONG WITH A CHECK TO PROPERLY UPDATE CORPORATION I FURTHER STATE THAT I DID NOT RECEIVE THE NOTICE FOR 2003 UBR FIRST NOR SECOND NOTICE. I WOULD LIKE TO RESOLVE THIS ISSUE, PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

I HAVE A NEW MAILING ADDRESS PLEASE MAKE A NOTE OF IT.

CORDIALLY,

  
JAMES GREEN  
MGRM