

# L02000030989

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 JAN 29 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L02000030989

**1. Limited Liability Company's Name**

RBJ, LLC

**2. Principal Office Address**

97 Beechwood Trail

Suite, Apt. #, etc.

City & State

Tequesta, FL 3

Zip

33469

Country

USA

**3. Mailing Office Address**

97 Beechwood Trail

Suite, Apt. #, etc.

City & State

Tequesta, FL

Zip

33469

Country

USA

**4. State/Country of Formation**

Florida

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

November 19, 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 E. Jacoby

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

4300 Catalfumo Way

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State  
FL

Zip Code  
33410

**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

01/28/04

**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	Robert C. Jacoby	97 Beechwood Trail	Tequesta, FL 33469
	<b>REINSTATEMENT 03</b>		

**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

01/28/04

Daytime Phone #

861-252-8321

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)