PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2003 DEC 15 PM 2:08
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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12/15/03--01019--012 **150.00

DOCUMENT # L02000034410

1. Limited Liability Company's Name
SJS INVESTORS, L.L.C.

2. Principal Office Address	3. Mailing Office Address
2895 S.E. OCEAN BLVD.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: STUART, FLORIDA	City & State
Zip: 34996 Country: USA	Zip Country

4. State/Country of Formation: FLORIDA
5. Date Organized or Qualified To Do Business In Florida: 12/20/2002
6. FEI Number: 200463217 ☐ 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: LEONARD RUTLAND, JR., ESQUIRE
Street Address (P.O. Box Number is Not Acceptable): 759 SOUTH FEDERAL HIGHWAY
Suite, Apt. #, Etc.: SUITE 303
City: STUART State: FL Zip Code: 34994

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 _____ Date 12/10/2003
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	PATRICK STRACUZZI	2895 S.E. OCEAN BLVD.	STUART, FLORIDA 34996
MGRM	SUSAN J. STRACUZZI	2895 S.E. OCEAN BLVD.	STUART, FLORIDA 34996

REINSTATEMENT 2003

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 12/10/2003 Daytime Phone# 772 283 9991

Typed or printed name of signing Managing Member/Manager PATRICK STRACUZZI