

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV 28 AM 9:23

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 203008004641

1. Limited Liability Company's Name

M.J.P. Investments, L.C.

2. Principal Office Address

200 Ocean Lane Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

200 Ocean Lane Drive

Suite, Apt. #, etc.

City & State

Key Biscayne FL

Zip 33149 Country Dade

City & State

Key Biscayne FL

Zip 33149 Country Dade

4. State/Country of Formation

FL Dade

5. Date Organized or Qualified  
To Do Business in Florida

02/06/03

6. FEI Number

912186732

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

Mark J Perrotto

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

200 Ocean Lane Dr.

Suite, Apt. #, Etc.

G.R. 10

City

Key Biscayne

State

FL

Zip Code

33149

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

Mark J Perrotto

Date 11/12/06

REGISTERED AGENT MUST SIGN

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
member	Mark J Perrotto	200 Ocean Lane Dr.	Key Biscayne FL 33149

330080021002003  
11728/06-01031-010 \*\*200.00

REINSTATEMENT 05-06

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

Mark J Perrotto

Date

11/12/06

Daytime Phone #

618-407-1240

Typed or printed name of signing Managing Member/Manager

Mark J Perrotto