

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB -8 AM 10:55

DOCUMENT # L03000022093

1. Limited Liability Company's Name

C.J. HAMILTON, LLC

2. Principal Office Address

235 Sunrise Ave.

Suite, Apt. #, etc.

City & State

Palm Beach, FL

Zip

33480

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

June 18, 2003

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (8/05)

**8. Name and Address of Current Registered Agent**

Name

C.J. Van Schaffelaar

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

2361 Oak Tree Lane

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33409

900066205709  
02/20/06--01049--016 \*\*200.00

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 Jan. 18, 2006

**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	C.J. Van Schaffelaar	2361 Oak Tree Lane	West Palm Beach, FL 33409
Mgr	R. Hamilton Morrison	48 S. Beach Road	Hobe Sound, FL 33455

REINSTATEMENT 04-06

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

Date Jan. 18, 06

Daytime Phone # 561-575-4845

Typed or printed name of signing Managing Member/Manager C.J. Van Schaffelaar