

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY 27 PM 12:18

DOCUMENT # L03000022093

1. Limited Liability Company's Name

C J Hamilton LLC

900155893789
05/13/09--01002--017 **277.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

11775 SE Laurel Lane -

3. Mailing Office Address

11775 SE Laurel Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hobe Sound, FL

City & State

Hobe Sound, FL

Zip

33455

Country

USA

Zip

33455

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business in Florida 06/18/2003

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

Louis E. Lozeau, Jr.

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

1002 SE Monterey Commons Blvd.

Suite, Apt. #, Etc.

100

City

Stuart

State

FL

Zip Code

34996

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

4-27-09

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	R. Hamilton Morrison	11775 SE Laurel Lane	Hobe Sound, FL 33455

REINSTATEMENT 2007-2009

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

R. Hamilton Morrison

Date 22 Apr 109

Daytime Phone #

772-546-5894

Typed or printed name of signing Managing Member/Manager

Hamilton Morrison

T. Hampton MAY 28 2009