

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

06 MAY -1 AM 11:04

DOCUMENT # L03060025307

1. Limited Liability Company's Name

AGJR, LLC

CR2E041 (8/05)

2. Principal Office Address  
16110 W. PRESTWICK PLACE

Suite, Apt. #, etc.

City & State  
MIAMI LAKES, FL

Zip  
33014

Country  
USA

3. Mailing Office Address  
16110 W. PRESTWICK PLACE

Suite, Apt. #, etc.

City & State  
MIAMI LAKES, FL

Zip  
33014

Country  
USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified  
To Do Business in Florida 7/11/2003

6. FEI Number  
55-0839474

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  
REBECCA L. ALVAREZ

Street Address (P.O. Box Number is Not Acceptable)  
16110 WEST PRESTWICK PLACE

Suite, Apt. #, Etc.

City  
MIAMI LAKES

State  
FL

Zip Code  
33014

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 4-25-06

**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	REBECCA L. ALVAREZ	16110 W. PRESTWICK PLACE	MIAMI LAKES, FL 33014
			400075103614 05/22/06--01051--018 **100.00
			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

[Signature]

Date 4-25-06

Daytime Phone # 305-557-9076

Typed or printed name of signing Managing Member/Manager REBECCA L. ALVAREZ

Didn't Receive Report