

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000036082

1. Entity Name
CRJ INVESTMENTS, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 10 AM 10:15

Principal Place of Business
228 EAST OCEAN AVENUE
LANTANA, FL 33462

Mailing Address
228 EAST OCEAN AVENUE
LANTANA, FL 33462

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11012005 REIN-LLC CR2E101 (6/04)

4. FEI Number
54-2143730

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RAY, JEFFREY
228 EAST OCEAN AVENUE
LANTANA, FL 33462

7. Name and Address of New Registered Agent

Name RAY, Jeffrey

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

1400 Lands End Road

City Manalapan

FL

Zip Code 33462

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME RAY, JEFFREY ☒ Delete
STREET ADDRESS 228 EAST OCEAN AVE
CITY-ST-ZIP LANTANA, FL 33462

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM
NAME RAY, Jeffrey ☒ Change ☐ Addition
STREET ADDRESS 1400 Lands End Road
CITY-ST-ZIP MANALAPAN, FL 33462

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 700061339497
CITY-ST-ZIP 11/10/05--01033--017 **150.00

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS REINSTATEMENT 2005
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #