

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
08 AUG -4 AM 10:15
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000037077

1. Limited Liability Company's Name

CJS LLC

06

CR2E041 (12/07)

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

502 S MACDILL AVE.

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33629

Country

USA

3. Mailing Office Address

502 S MACDILL AVE.

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33629

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

9-29-03

6. FEI Number

080077405

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

ROBERT C. SANCHEZ, ESQ.

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

2907 BAY TO BAY BLVD.

Suite, Apt. #, Etc.

SUITE 201

City

TAMPA

State

FL

Zip Code

33629

☒ 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

Robert C. Sanchez

Date

8/4/08

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
MGRM	CHRISTOPHER J. SULIMAY	502 S MACDILL AVE	TAMPA, FL 33629

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

Christopher J. Sulimay

Date

Aug 4/08

Daytime Phone # (813) 875-3501

Typed or printed name of signing Managing Member/Manager

CHRISTOPHER J. SULIMAY

REINSTATEMENT

2006-2008

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