

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

07 FEB 12 AM 10: 53

DOCUMENT # L04000011200

1. Limited Liability Company's Name

JRJ Design Group LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 6400 Pine Tree Drive Circle		3. Mailing Office Address 6400 Pine Tree Drive Circle	
Suite, Apt. #, etc. Attn: Jacqueline R. Joseph		Suite, Apt. #, etc. Attn: Jacqueline R. Joseph	
City & State Miami Beach, FL		City & State Miami Beach, FL	
Zip 33141	Country USA	Zip 33141	Country USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **01/10/2004**

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 Jacqueline R. Joseph			
Street Address (P.O. Box Number is Not Acceptable)			
Suite, Apt. #, Etc. 6400 Pine Tree Drive Circle			
City Miami Beach, FL	State FL	Zip Code 33141	

☒ 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 **February 7, 2007**

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	Joseph, Jacqueline R.	6400 Pine Tree Drive Circle	Miami Beach, FL 33141
			100088447961 02/15/07--01040--009 **150.00

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 **02/07/2007**

Daytime Phone # **(305) 864-6830**

Typed or printed name of signing Managing Member/Manager **Jacqueline R. Joseph**