

Division of Corporations

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Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : 120010000247

Phone : (800) 494-3124

Fax Number : (305) 675-2811

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 FEB -6 AM 9:18

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LIMITED LIABILITY REINSTATEMENT

DJ PROPERTIES, LLC

Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	07 FEB -6 AM 9:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # L04000032365			
1. Limited Liability Company's Name DJ PROPERTIES, LLC			
2. Principal Office Address - No P.O. Box # 162-21 POWELLS COVE BOULEVARD		3. Mailing Office Address 162-21 POWELLS COVE BOULEVARD	
Suite, Apt. & etc. SUITE 3R		Suite, Apt. & etc. SUITE 3R	
City & State BEECHHURST NY		City & State BEECHHURST NY	
Zip 11357	Country US	Zip 11357	Country US
4. State/Country of Formation FLORIDA			
5. Date Organized or Qualified To Do Business in Florida 04/28/2004			
6. FEI Number ☐ Applied For ☐ Not Applicable			
7. Name and Address of Current Registered Agent Name A1A Registered Agent Inc. Street Address (P.O. Box Number is Not Acceptable) 92 Sadberry Road Suite, Apt. #, Etc. City Quincy State FL Zip Code 32351			
☒ 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.			
8. I, being appointed 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 <i>Paul Smith</i> Paul Smith V.P. Date 2-6-2007 REGISTERED AGENT MUST SIGN			
9. 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	JAMES T GARVEY JR.	162-21 POWELLS COVE BOULEVARD, SUITE 3R	BEECHHURST NY 11357
MGRM	DAVID STRUM	74 MAIN PARKWAY E	PLAINVIEW NY 11803
MGRM	SHEILA VAUGHAN	162-21 POWELLS COVE BLVD, SUITE 3R	BEECHHURST NY 11357
10. 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 606.406, 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 <i>James T Garvey Jr</i>		Date 2-6-2007	Daytime Phone # 718 767 5009
Typed or printed name of signing Managing Member/Manager JAMES T GARVEY JR.			

REINSTATEMENT

05, 06, 07