

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



**FILED**

08 SEP 10 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000037303

P + J Enterprises, LLC

116960 BEACH Rd

P.O. Box 189

Perry FL.

32348	USA
-------	-----

Perry F

32348 | USA

Florida

5. Date Organized or Qualified  
To Do Business in Florida 5-17-04

20-1136280

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED**

**\$5.00 Additional Fee required  
for a Certificate of Status**

Name Patty Purpura

Street Address (P.O. Box Number is Not Acceptable)  
16960 Beach Rd

Suite, Apt. #, Etc.

City Perry

State  
**FL**

Zip Code  
32348

☒ 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.

**Signature of  
Registered Agent**

I am the registered agent of the above named  
Patty Supawa

**REGISTERED AGENT MUST SIGN**

Date 9/10/08

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
marm	PATTY PURPURA	3649 POL HILL	Perry FL 32345
marm	JOHNNY WILLIAMS	3649 POL HILL	Perry FL 32345

700135662147

09/10/08--01031--005 \*\*441.25

REINSTATEMENT 2006-08

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

*Patty Purpus*

Date 9/10/08

Daytime Phone# 850-584-2999

Typed or printed name of signing Managing Member/Manager