

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000070001

Entity Name: OJ HAINES, LLC

FILED  
Oct 13, 2009  
Secretary of State

**Current Principal Place of Business:**

2546 S FRENCH AVENUE  
SANFORD, FL 32771 US

**New Principal Place of Business:**

**Current Mailing Address:**

1906 SOUTH DRIVE  
CASSELBERRY, FL 32707 US

**New Mailing Address:**

FEI Number: 20-1691907      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA, FL 336123425 US

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.

SIGNATURE: OLGA BATISTA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BATISTA, JULIO  
Address: 1906 SOUTH DRIVE  
City-St-Zip: CASSELBERRY, FL 32707 US

Title: MGRM ( ) Delete  
Name: BATISTA, OLGA  
Address: 1906 SOUTH DRIVE  
City-St-Zip: CASSELBERRY, FL 32707 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: OLGA BATISTA

MGRM

10/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date