

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000090038

1. Entity Name
THE MAJC GROUP, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 23 AM 10:54
3495 HIGH RIDGE RD
BOYNTON BEACH, FL. 33426

Principal Place of Business
3595 HIGH RIDGE ROAD
BOYNTON BEACH, FL 33426 US

Mailing Address
3595 HIGH RIDGE ROAD
BOYNTON BEACH, FL 33426 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10202006 REIN-LLC CR2E101 (11/05)

City & State

City & State

4. FEI Number
20-2164661

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, FRANK JR.
3595 HIGH RIDGE ROAD
BOYNTON BEACH, FL 33426

7. Name and Address of New Registered Agent

Name

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

3495 HIGH RIDGE RD.

City

FL

Zip Code

8. 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. I am familiar with and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-20-06

FILE NOW!!! FEE IS \$50.00
After January 1, 2007, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
RODRIGUEZ, FRANK JR.
3595 HIGH RIDGE ROAD
BOYNTON BEACH, FL 33426 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3495 HIGH RIDGE RD. ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GOLD, JAY M
3595 HIGH RIDGE ROAD
BOYNTON BEACH, FL 33426 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3495 HIGH RIDGE RD. ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100081115011
10/23/06--01034--009 **50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT 2006 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

MGR.

10-20-06

Date

361-582-8686

Daytime Phone #