

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **LO4000090755**

1. Limited Liability Company's Name

L.J.E. LLC

2. Principal Office Address - No P.O. Box #

21128 Niles Ave

Suite, Apt. #, etc.

City & State

MT. DORA, FL

Zip **32757**

Country **U.S.A.**

3. Mailing Office Address

21128 Niles Ave

Suite, Apt. #, etc.

City & State

MT DORA, FL

Zip **32757**

Country **U.S.A.**

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

Dec 15 2004

6. FEI Number

83-0416883

☐ 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

Jon W. Seibel

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

21128 Niles Ave

Suite, Apt. #, Etc.

City

MT DORA

State

FL

Zip Code

32757

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

Jon W. Seibel
REGISTERED AGENT MUST SIGN

Date **3/17/2009**

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
MEM	Jon W. Seibel	21128 Niles Ave	MT DORA FL 32757
			32757
REINSTATEMENT 07-09		L. SELLERS	
		MAR 25 2009	
		EXAMINER	

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

Jon W. Seibel

Date **3/17/2009**

Daytime Phone # **(352) 308-9579**

Typed or printed name of signing Managing Member/Manager

Jon W. Seibel

FILED

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**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

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