

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 DEC -4 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000011778

1. Limited Liability Company's Name

**C.J. Munson Real Estate, LLC**

CR2E041 (1/07)

<b>2. Principal Office Address - No P.O. Box #</b> 476 Mariner Drive		<b>3. Mailing Office Address</b> 476 Mariner Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jupiter, FL		City & State Jupiter, FL	
Zip 33477	Country	Zip 33477	Country

<b>4. State/Country of Formation</b> FLORIDA	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 1/28/2005	
<b>6. FEI Number</b> 05-0616575	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

<b>8. Name and Address of Current Registered Agent</b>			
Name Courtney J. Munson			
Street Address (P.O. Box Number is Not Acceptable) 476 Mariner Drive			
Suite, Apt. #, Etc.			
City Jupiter	State FL	Zip Code 33477	

☐ 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.

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 Courtney J. Munson  
REGISTERED AGENT MUST SIGN

Date 11/21/07

**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
MGRM	Courtney J. Munson	476 Mariner Drive	Jupiter, FL 33477

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11/29/07--01050--011 \*\*205.00

REINSTATEMENT

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 Courtney J. Munson Date 11/21/07 Daytime Phone # 309-734-5105

Typed or printed name of signing Managing Member/Manager Courtney J. Munson