

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 30 AM 11:10

DOCUMENT # L0500025493

1. Limited Liability Company's Name

SJL DESIGN LLC

200139335672
12/30/08--01012--007 **277.50
CR2E041 (10/08)

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

1119 SE THIRD AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

1119 SE THIRD AVENUE

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33316

Country

USA

Zip

33316

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

MARCH 14, 2005

6. FEI Number

20-2497439

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

KRBLICH, CHARLES A

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

1119 SE THIRD AVENUE

Suite, Apt. #, Etc.

City

FORT LAUDERDALE, FL

State

FL

Zip Code

33316

☒ 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

Charles A. Krblisch
REGISTERED AGENT MUST SIGN

Date

12/23/08

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	SUSAN J LEWIS	10111 NW 10TH STREET	PLANTATION, FL 33322
MGRM	TERJE PERSEN	10111 NW 10TH STREET	PLANTATION, FL 33322

REINSTATEMENT 2008 NEW

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

Susan J. Lewis

Date

12/23/08

Daytime Phone #

954-205-6724

Typed or printed name of signing Managing Member/Manager

SUSAN J. LEWIS