

**L05000049280**

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000049280

1. Limited Liability Company's Name

**C J ENTERPRISES LLC**

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

302 CHESTNUT ST.

Suite, Apt. #, etc.

City & State

OLDSMAR, FL

Zip

34677

Country

USA

3. Mailing Office Address

302 CHESTNUT ST.

Suite, Apt. #, etc.

City & State

OLDSMAR, FL

Zip

34677

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

05/11/2005

6. FEI Number

260119615

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 **CINDI L. GUTIERREZ**

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

302 CHESTNUT ST.

Suite, Apt. #, Etc.

City

OLDSMAR

State

FL

Zip Code

34677

E-mail Address:

200201241922  
04/11/11--01011--014 \*\*541.25

DEBINSOCAL@AOL.COM

(To be used for future annual report notices)

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

*Cindi L. Gutierrez*  
REGISTERED AGENT MUST SIGN

Date 4-5-11

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	CINDI L. GUTIERREZ	302 CHESTNUT ST.	OLDSMAR, FL 34677
MGR	JIM OSTROWSKY	302 CHESTNUT ST.	OLDSMAR, FL 34677

**REINSTATEMENT**

2009-2011

4/6/11

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

*Cindi L. Gutierrez*

Date 04/05/2011

Daytime Phone # 727-251-8398

Typed or printed name of signing Managing Member/Manager CINDI L. GUTIERREZ