

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

06 OCT 18 AM 10:07

DOCUMENT # L05000056959

1. Limited Liability Company's Name  
RJSG PROPERTIES LLC

CR2E041 (8/05)

2. Principal Office Address  
612 MAGNOLIA DRIVE

Suite, Apt. #, etc.

City & State  
DESTIN FL

Zip  
32541

Country  
USA

3. Mailing Office Address  
612 MAGNOLIA DRIVE

Suite, Apt. #, etc.

City & State  
DESTIN FL

Zip  
32541

Country  
USA

4. State/Country of Formation  
FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida 06-08-05

6. FEI Number  
20-5700500

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  
GARY W. SIMS

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

Suite, Apt. #, Etc.

City  
DESTIN

State  
FL

Zip Code  
32541

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

*Gary W. Sims*

REGISTERED AGENT MUST SIGN

Date 10/16/06

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	GARY W. SIMS	612 MAGNOLIA DRIVE	DESTIN FL 32541-3158

600020966816  
10/18/06-01055-018 \*\*150.00

REINSTATEMENT

2006

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

*Gary W. Sims*

Date 10/16/06 Daytime Phone # 850-830-6413

Typed or printed name of signing Managing Member/Manager GARY W. SIMS