PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations	SECRETARY OF STATE DIVISION OF GORPURATIONS
DOCUMENT # LOSOOO 0 56959 1. Limited Liability Company's Name		
RJSG Prop	erties, LLC	500170578405 02/25/1001042010 **655.00
Principal Office Address - No P.O. Box #	Mailing Office Address	CR2E041 (11/09)
612 Magnolia Drive	3. Mailing Office Address 2 6/2 Magnolia Wiv	4. State/Country of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	FL, USB
o.m.c, 7,4 2, 0.0.		Date Organized or Qualified To Do Business in Florida
DESTIN FL	Destin, FL	6. FEI Number Applied For Not Applied For Not Applicable
32541 Country US	32 541 Country	7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status
8. Name and Address of	Current Registered Agent	
Name		☐ A \$100 reinstatement fee is imposed, except
Gary W. Jims		in circumstances which the entity did not
Street Address (P.G. Box Number is Not Acceptable)		receive the prior notices. By checking this
Suite, Apt. #, Etc.		box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.
Destin	State Zip Code/ FL 325 Y/	Tollistatement be walved.
9. I, being appointed the registered agent of the above	ve named lighited liability company, am familiar with ar	nd accept the obligations of Chapter 608, F.S.
Signature of Registered Agent RE	GISTERED AGENT MUST SIGN	Date 2/11/10
10. Names and Street Addresses of Managing Mem		
	here/Managare	
Titles Name of Managing Members/Manage	Street Address of Ea	
Titles Name of	Street Address of Ea	nager Guy: State: Zip
Titles Name of Managing Members/Manage	Street Address of E. Managing Member/Ma	nager City : State : 2/p
Titles Name of Managing Members/Manage	Street Address of E. Managing Member/Ma	nager City : State : 2/p
Titles Name of Managing Members/Manage	Street Address of E. Managing Member/Ma	nager City : State : 2/p
Titles Name of Managing Members/Manage	Street Address of Ex- Managing Member/Ma	nager City : State : 2/p
Titles Name of Managing Members/Manage	Street Address of Ex- Managing Member/Ma	nager City : State : 2/p
Titles Name of Managing Members/Manage	Streel Address of Expansion Managing Member/Ma S 612 mcGnot	ia Dr Destin, FL 32541
Titles Name of Managing Members/Manage REINSTATEMENT 11. E-mail Address: 12. Lectify that Lam managing member/manager or	Street Address of Ex Managing Member/ Ma S	ia Dr Destin, FL 325Y stions) plication as provided for in Chapter 608, F.S. further certify that when
Titles Name of Managing Members/ Manage REINSTATEMENT 11. E-mail Address: 12. I certify that I am managing member/manager or filling this reinstatement application the reason for all fees owed by the limited liability company have	Street Address of Ex Managing Member/ Ma S (612) McGnot To be used for future annual report notifice the receiver or trustee empowered to execute this ap dissolution has been eliminated, the limited liability con	ia Dr Destin, FL 32541
Titles Name of Managing Members/Manage REINSTATEMENT 11. E-mail Address: 12. I certify that I am managing member/manager or filing this reinstatement application the reason for all fees owed by the limited liability company have as if made under oath. Signature of	Street Address of Ex Managing Member/ Ma Color Member Address of Extra Member Address	ations). plication as provided for in Chapter 608, F.S. I further certify that when moenly name satisfies the requirements of section 608.406, F.S., and that on is true and accurate, and my signature shall have the same legal effect
Titles Name of Managing Members/Manage Cary W Sim REINSTATEMENT 11. E-mail Address: 12. I certify that I am managing member/manager or filing this reinstatement application the reason for all fees owed by the limited liability company have as if made under oath.	Street Address of Ex Managing Member/ Ma To be used for future annual report notific the receiver or trustee empowered to execute this apdissolution has been eliminated, the limited liability conbeen pair. The information indicated on this application of the street and th	ia Dr Destin, FL 325Y stions). plication as provided for in Chapter 608, F.S. I further certify that when noneny name satisfies the requirements of section 608.406, F.S., and that



FLORIDA DEPARTMENT OF STATE

Division of Corporations

OVISION OF THE PROPERTY OF THE PROPERTY

OIVISION OF CURFURATIONS BUREAU OF COMMERCIAL INFORMATION SERVICES

March 9, 2010

RJSG PROPERTIES, L.L.C. 612 MAGNOLIA DR DESTIN, FL 32541

SUBJECT: RJSG PROPERTIES, L.L.C.

Ref. Number: L05000056959

We have received your document for RJSG PROPERTIES, L.L.C. and your check(s) totaling \$655.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 010A00004973