

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 MAY 23 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000059154

1. Limited Liability Company's Name

LSJ, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 6500 Sunset Way		3. Mailing Office Address 6500 Sunset Way	
Suite, Apt. #, etc. 414		Suite, Apt. #, etc. 414	
City & State St. Pete Beach, FL		City & State St. Pete Beach, FL	
Zip 33706	Country USA	Zip 33706	Country USA

4. State/Country of Formation FLORIDA/USA	
5. Date Organized or Qualified To Do Business in Florida 06/14/2005	
6. FEI Number 20-4597114	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Thomas A. Brodersen, Esq.			
Street Address (P.O. Box Number is Not Acceptable) 7116 Gulf Blvd.			
Suite, Apt. #, Etc. D			
City St. Pete Beach	State FL	Zip Code 33706	

E-mail Address: 05/23/11--01011--001 **818.75 600207998826 05/23/11--01011--001 **818.75 tom@propertylawgroup.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 [Signature] Date _____

REGISTERED AGENT MUST SIGN

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
Mgr	Lilly Salcman	6500 Sunset Way # 414	St. Pete Beach, FL 33706
Mgr	Suzanne E. Salamon	85 Baxter Road	Brookline, MA 02445
Mgr	Julia M. Salamon	118 Sullivan Street	New York, NY 10012
REINSTATEMENT 07-11 [Signature]			

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 Lilly Salcman Date 05/19/2011 Daytime Phone # 727-360-3035

Typed or printed name of signing Managing Member/Manager Lilly Salcman