

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L05000062167

1. Limited Liability Company's Name  
N.J.T. Holdings, LLC

90004 7000000  
90004 7000000

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 5590 Erie Road		3. Mailing Office Address 5590 Erie Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Parrish, Florida		City & State Parrish, Florida	
Zip 34219	Country United States	Zip 34219	Country United States

4. State/Country of Formation Florida, United States of America	
5. Date Organized or Qualified To Do Business in Florida June 22, 2005	
6. FEI Number 20-3045020	<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 Nathan J. Taylor, Jr.		
Street Address (P.O. Box Number is Not Acceptable) Suite, 5590 Erie Road		
Apt. #, Etc.		
City Parrish	State FL	Zip Code 34219

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06/26/20- 01827-010 90004

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Nathan J. Taylor  
(REGISTERED AGENT MUST SIGN)

Date June 19, 2020

**10. Names and Street Addresses of Authorized Representatives/Managers**

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Nathan J. Taylor, Jr.	5590 Erie Road	Parrish, Florida 34219

AUG 11 2020

S. YOUNG

2020 JUN 26 AM 6:38

11. E-mail Address: taylormattb@yahoo.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member Nathan J. Taylor Date June 19, 2020 Daytime Phone # 941-737-7221

Typed or printed name of signing authorized representative/member Nathan J. Taylor, Jr.