

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 MAY -5 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000155127670  
05/01/09--01056--017 \*\*555.00  
CR2E041 (10/08)

**DOCUMENT #** L050000 64351

**1. Limited Liability Company's Name**

MJ Development Group, LLC

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

135 Seminole Avenue

Suite, Apt. #, etc.

City & State

Palm Beach, FL

Zip

33480

Country

USA

**3. Mailing Office Address**

"

Suite, Apt. #, etc.

"

City & State

"

Zip

"

Country

"

**4. State/Country of Formation**

FL/USA

**5. Date Organized or Qualified  
To Do Business in Florida**

6/28/2005

**6. FEI Number**

20-307-1251

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

Jason Evans

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

135 Seminole Avenue

Suite, Apt. #, Etc.

City

Palm Beach

State

FL

Zip Code

33480

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

**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

*Jason Evans*

REGISTERED AGENT MUST SIGN

Date 4/28/09

**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	Jason Evans	135 Seminole Avenue	Palm Beach, FL 33480
			S. HAWKES
			MAY 08 2009
			EXAMINER

**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

*Jason Evans*

Date 4/28/09

Daytime Phone # (954) 647-8431

Typed or printed name of signing Managing Member/Manager

Jason Evans