

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L05000071912

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000071912

1. Limited Liability Company's Name

TRJR LLC

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

3581 Shore Lane

Suite, Apt. #, etc.

City & State

Boca Grande, FL

Zip

33921

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

FL

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

7/18/05

6. FEI Number

20-3744428

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

Marguerite K. Potter

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

3581 Shore Lane

Suite, Apt. #, Etc.

City

Boca Grande

State

FL

Zip Code

33921

☒ 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**

Marguerite K. Potter

REGISTERED AGENT MUST SIGN

Date 12/8/08

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 | Marguerite K. Potter | 3581 Shore Lane | Boca Grande, FL 33921 |
| | | | |
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REINSTATEMENT 2006-2008

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**

Marguerite K. Potter

Date 12/8/08

Daytime Phone # 314-277-4145

Typed or printed name of signing Managing Member/Manager

Marguerite K. Potter, Manager



CORPORATION SERVICE COMPANY

L05000071912

ACCOUNT NO. : 072100000032

REFERENCE : 820848 5017647

AUTHORIZATION :

COST LIMIT : \$ 416,000

ORDER DATE : December 10, 2008

ORDER TIME : 12:10 PM

ORDER NO. : 820848-005

CUSTOMER NO: 5017647

DOMESTIC FILINGS

NAME: TRJR LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis - Ext# 2926

EXAMINER'S INITIALS

BTC

08 DEC 10 PM 1:43
TALLAHASSEE, FLORIDA

08 DEC 10 PM 1:43

TALLAHASSEE, FLORIDA

08 DEC 10 PM 3:25

FILED