

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 DEC 29 PM 1:09

DOCUMENT # L05000076045

1. Limited Liability Company's Name

**CJM, LLC**

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12/29/10--01007--013 \*\*377.50

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 2150 Lake Ida Rd # 6		3. Mailing Office Address 1601 NW 13th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Delray Beach, FL		City & State Boca Raton, FL	
Zip 33445	Country US	Zip 33486	Country US

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 07/28/2005	
6. FEI Number 203269105	<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 Fred DeFalco		
Street Address (P.O. Box Number is Not Acceptable) 1601 NW 13th Street		
Suite, Apt. #, Etc.		
City BOCA RATON	State FL	Zip Code 33486

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 	Date 12/27/2010
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
MGRM	MANZELLA, DONNA	530 NE 33rd Street	Boca Raton, FL 33431

11. E-mail Address: fred@defalco.com (To be used for future annual report notifications)	
12. 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 	Date 12-27-10 Daytime Phone # 561-702-3757
Typed or printed name of signing Managing Member/Manager DONNA MANZELLA	

REINSTATEMENT 2009-2010