

L05000086982

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 NOV 28 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

CJG HOLDINGS, LLC

2011

2. Principal Office Address - No P.O. Box #
10821 Hawks Vista Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation, FL

City & State

Zip
33324

Country
usa

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

9/02/2005

6. FEI Number

x

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

Steven A. Fein, Esq.

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

900 South State Road 7

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33317

E-mail Address:

600242191356

11/28/12--01020--011 **377.00

dangold13@aol.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

Steven A. Fein
REGISTERED AGENT MUST SIGN

Date 11/21/2012

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	Cindy J. Goldstein	10821 Hawks Vista Street	Plantation, FL 33324

REINSTATEMENT 2011-2012

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

Cindy J. Goldstein

Date 11/21/2012

Daytime Phone # 954-605-2850

Typed or printed name of signing Managing Member/Manager