

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 OCT 17 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000091188

1. Entity Name
RJ INVESTCO, LLC



Principal Place of Business

175 N.W. 1ST AVENUE
SUITE 1745
MIAMI, FL 33128 US

Mailing Address

175 N.W. 1ST AVENUE
SUITE 1745
MIAMI, FL 33128 US



10042007 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #

c/o RICHARD JASINSKI
Suite, Apt. #, etc.
16320 SW 11 St.

3. Mailing Address

c/o RICHARD JASINSKI
Suite, Apt. #, etc.
16320 SW 11 St.

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

Zip

33027

Country

USA

Zip

33027

Country

USA

4. FEI Number

74-3154353

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JASINSKI, RICHARD S
16320 SW 11 STREET
PEMBROKE PINES, FL 33027

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-8-07

FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME JONES, ROBERT J
STREET ADDRESS 175 N.W. 1ST AVENUE, SUITE 1745
CITY-ST-ZIP MIAMI, FL 33128

TITLE MGRM ☐ Delete
NAME JASINSKI, RICHARD S
STREET ADDRESS 16320 S.W. 11 STREET
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

R. S. Jasinski

10-8-07

954-649-4922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #