

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV 19 PM 3:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L05-98186

1. Limited Liability Company's Name

LJ Realty, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
521 Newman Springs Road

3. Mailing Office Address

521 Newman Springs Road

Suite, Apt. #, etc.
Suite 11

Suite, Apt. #, etc.
Suite 11

City & State
Lincroft, NJ

City & State
Lincroft, NJ

Zip
07738

Country
USA

Zip
07738

Country
USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/05/2005

6. FEI Number

20-3576339

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

Josephine Otello

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

1000 NE 4th Street

Suite, Apt. #, Etc.

City
Hallandale

State
FL

Zip Code
33009

☒ 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

Josephine Otello

REGISTERED AGENT MUST SIGN

Date **11/16/07**

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	Joseph Revello	153 Vivas Drive	Barnegat, NJ 08805

400112391554
11/19/07--01010--002 **100.00

REINSTATEMENT 01e-09

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

Joseph Revello

Date **11/16/07**

Daytime Phone # **732-345-7222**

Typed or printed name of signing Managing Member/Manager

Joseph Revello