PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
08 OCT 16 PM 4:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (12/07)

DOCUMENT # L05000106436

1. Limited Liability Company's Name
CJ ENTERPRISES, LLC

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 12015 WANDSWORTH DR. | SAME |
| Suite, Apt. #, etc. N/A | Suite, Apt. #, etc. |
| City & State TAMPA, FLORIDA | City & State |
| Zip 33626 Country USA | Zip Country |

4. State/Country of Formation FL / USA

5. Date Organized or Qualified To Do Business in Florida 11-01-05

6. FEI Number 20-3714708 ☐ 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 ROBERT ECKARD, ESQ.

Street Address (P.O. Box Number is Not Acceptable) 3110 ALT US Hwy 19 N.

Suite, Apt. #, Etc.

City PALM HARBOR State FL Zip Code 34683

☒ 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 R.D. Eckard
REGISTERED AGENT MUST SIGN

Date 7-15-08

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 |
|---|---|---|---|
| MGRM | JAMIE DUNCAN | 12015 WANDSWORTH DR. | TAMPA, FL 33626 |
| MGRM | COREY CHAVOUS | 1218 S. Main St. | St. Charles, MO 63301 |
| | REINSTATEMENT | | 100126993571 10/17/08-01001--010 ****416.25 |
| | | | 06-08 |
| | | | $416.25 |

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 [signature] Date 7/15/08 Daytime Phone # 813-852-8010

Typed or printed name of signing Managing Member/Manager JAMIE DUNCAN