

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000106636

1. Limited Liability Company's Name
RMJ Investments, LLC

2. Principal Office Address - No P.O. Box #
7042 Benjamin Road

Suite, Apt. #, etc.

City & State
Tampa, FL

Zip Country
33634 USA

3. Mailing Office Address
7042 Benjamin Road

Suite, Apt. #, etc.

City & State
Tampa, FL

Zip Country
33634 USA

8. Name and Address of Current Registered Agent

Name
Richard B. Harb

Street Address (P.O. Box Number is Not Acceptable) Suite,
2916 W. Bay View Avenue

Apt. #, Etc.

City State Zip Code
Tampa FL 33611

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10.01.2018

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Beshara I. Harb	7042 Benjamin Road	Tampa / FL / 33634

11. E-mail Address: rharb@ngn-tampa.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

Date 10.01.2018

Daytime Phone #

Typed or printed name of signing authorized representative/member

Beshara I. Harb

884-2636
813-224-9222

FILED
2018 OCT -4 AM 8:30

SECRETARY OF STATE
TAMPA, FLORIDA 33602

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10/04/18--01017--028 **799.75

CR2E041 (1/14)

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified
To Do Business in Florida 11/01/2005

6. FEI Number
04-3738424

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required
for a certificate of status

Rei - 2014-2018
JFM
10/20/18