PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIA COMPA REINSTATE	NY A	Sec	PARTMENT OF STATE stretary of State N OF CORPORATIONS		2013 OCT 23 PM 12: 48	
DOCUMENT # L05000).09 ^L 1. Limited Liability Company's Name SJ ENTERPRISES, LLC			孟	TALLAHASSEE, FI ORIDA		
30 ENTERP					CR2E041 (1/11) 12-13	<u>ረ</u>
2. Principal Office Ad		3. Mailing Office Address				_
211East Lime Street Suite, Apt. #, etc.		211 East Lime Street Suite, Apt. #, etc.		4. State/Coun Florida/US	try of Formation	ı
Suite, Apr. #, etc.		Control view in the		5. Date Organized or Qualified To Do Business in Florida 11/14/2005		
City & State		City & State		6. FEI Numbe		
Lakeland		Lakeland		030573733	" 	ole
33801	US	33801	US	7. CERTIFICATE	\$5.00 Additional Fee requirements of Status DESIRED for a Certificate of Status	
8. Name	Name and Address of	Current Registered /	Agent		E M A Johnson	1
Siuhung Fan				REINSTATEMENT		
Street Address (P.O. Box Number is Not Acceptable) 211 East Lime Street Suite, Apt. #, Etc.				1 I berry		
				siuhungfan@yahoo.com		
City Lakeland			FL 33801 (To b		e used for future annual report notices)	
9. I, being appointed	the registered agent of the ab	ove named limited lia	bility company, am familiar with and	accept the obliga	tions of Chapter 608, F.S.	٦
Signature of Registered Agent Agent Agent Must sign				October 22, 2013		
10. Names and Str	eet Addresses of Managing Me			<u>``</u>		
Titles	Name of Managing Members/ Managers		Street Address of Each Managing Member/ Manager		City / State / Zip	
MGRM	Siuhung Fan 211 East Lime		Street	Lakeland, FL 33801	_	
				10/2	# ## 155 ## 155 ## 157 #	
			· · · · · · · · · · · · · · · · · · ·		B. BOSTICK	_
	MAN TO THE REST OF				OCT 2 4 2013	_
					EXAMINER	┛
this reinstatemen fees owed by the if made under oa	t application the reason for dis- limited liability company have the I am aware that false inform	solution has been elir been paid. The inform	ninated, the limited liability company nation indicated on this application is	name satisfies the true and accurat	for in Chapter 608, F.S. I further certify that when fill e requirements of section 608.406, F.S., and that all e, and my signature shall have the same legal effect d degree felony as provided for in s.817.155, F.S.	
Signature of Managing Member/Manager Date 10/22/2013 Daytime Phone # 863-683-4091						
Typed or printed name	of signing Managing	Manager Siuhung	Fan			_