

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 21 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000161980790

10/21/09--01025--010 **\$55.00
CR2E041 (10/08)

DOCUMENT # LO5000113620

1. Limited Liability Company's Name

Cambridge JSJ, LLC

2. Principal Office Address - No P.O. Box #

4850 N. 9th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

← Same

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Zip

32503

Country

USA

Zip

Country

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

2006

6. FEI Number

59-3053187

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

Dr. James K. Martin

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

4850 N. 9th Ave

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32503

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/18/09

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 |
|------------|---------------------------------------|---|-----------------------|
| <u>MGM</u> | <u>JSJ Family Limited Partnership</u> | <u>6026 E Cambridge Way</u> | <u>Pace, FL 32571</u> |
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REINSTATEMENT 2006-09

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

[Signature]

Date 10/14/09

Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____