

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000031719

Entity Name: NJ INVESTMENT PLUS, LLC

FILED  
Nov 05, 2009  
Secretary of State

**Current Principal Place of Business:**

9637 CAMPI DRIVE  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 22564  
FORT LAUDERDALE, FL 33335

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

JOSEPH, NIXON  
9637 CAMPI DRIVE  
LAKE WORTH, FL 33467 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NIXON JOSEPH

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JOSEPH, NIXON  
Address: P.O. BOX 22564  
City-St-Zip: FORT LAUDERDALE, FL 33335

Title: MGRM ( ) Delete  
Name: JOSEPH, ASTRIDE R  
Address: P.O. BOX 22564  
City-St-Zip: FORT LAUDERDALE, FL 33335

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NIXON JOSEPH

MGR

11/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date