

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2011 APR 28 PM 12:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CR2E041 (1/11)

DOCUMENT # L060000 39120

1. Limited Liability Company's Name

C. J. R. Holdings L.L.C.

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

2148 ROUSE Rd

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32817

Country

USA

3. Mailing Office Address

2148 ROUSE Rd

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32817

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

4/12/2006

6. FEI Number

20-0210734

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

Maria Catherine Ospina Arbelaez

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

205 Robin Lee Rd

Suite, Apt. #, Etc.

City

Oviedo FL

State

FL

Zip Code

32765

E-mail Address:

ospicat@hotmail.com

(To be used for future annual report notices)

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

Date 4/28/2011

REGISTERED AGENT MUST SIGN

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	Maria Catherine Ospina Arbelaez	205 Robin Lee Rd	Oviedo FL 32765
MGRM	Edwin C Rodriguez	997 Calanda Ave	Orlando FL 32807
MGRM	Jimmy Barrera	2148 Rouse Rd	Orlando FL 32817

J. SAULSBERRY  
EXAMINER

APR 28 2011

REINSTATEMENT

09-11

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. 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 Managing  
Member/Manager

Date 4/28/2011

Daytime Phone #

Typed or printed name of signing Managing Member/Manager