

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 AUG -2 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000042333

1. Limited Liability Company's Name

C and J INVESTMENTS OF NORTH
FLORIDA LLC

CR2E041 (05/10)

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

2428 N. Monroe ST

Suite, Apt. #, etc

C-108

City & State

Tallahassee, FL

Zip

32303

Country

Leon

3. Mailing Office Address

P.O. BOX 20442

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32316

Country

Leon

4. State/Country of Formation

FL US

5. Date Organized or Qualified
To Do Business in Florida

4/24/06

6. FEI Number

☒ 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

James Green

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

2428 N. Monroe ST

Suite, Apt. #, Etc.

C-108

City

Tallahassee

State

FL

Zip Code

32303

300183908123

08/03/10--01001--014 **\$55.00

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

REGISTERED AGENT MUST SIGN

Date 8/2/10

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	James Green	2428 N. Monroe ST. C-108	Tallahassee, FL 32303
MGRM	Chester Murry	2233 Lake Bradford Rd	Tallahassee, FL 32310
L. SELLERS			
	AUG -2 2010		
EXAMINER			REINSTATEMENT 8/2/10

11. E-mail Address: forhan@centerpriso3@vzw.com Blackberry, Act

(To be used for future annual report notifications)

12. 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

Date

8/2/10

Daytime Phone #

850-519-8050

Typed or printed name of signing Managing Member/Manager