PLIANER AD ALL SIRDE CAS BEFORE COMPLETING THIS FORM. INITED LIABILITY COMPANY REINSTATEMENT DIVISION OF CORPORATIONS OCUMENT # L 06000101958

1. Limited Liability Company's Name	8	٠		
SJR,LLC		02/0 S	0016766 33 4/1060046024 cr2e041 (11/09)	322 **155.00
	Office Address		CR2E041 (1709)	
499 N.W. PRIMA VIETA Blue 499N			atry of Formation	
Suite, Apt. #, etc. Suite, Apt. #, etc. □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		5. Date Organized or Qualified		
City & State City & State			iness in Florida /0//9	
Port St. Lucie, FL Port.	St. Lycie, FL	6. FEI Numbe	048326	Applied For Not Applicable
2ip Country Zip 34953 USA 3495	Country CARA	7.	\$5.00	Additional Fee required a Gertificate of Status
8. Name and Address of Current Regi	stered Agent			
Sean Rankin		A \$100 reinstatement fee is imposed, except		
Street Address (P.O. Box Number is Not Acceptable)		in circumstances which the entity did not receive the prior notices. By checking this		
Suite, Apt. #, Etc.		box, you are certifying the prior notices were		
107		not received and requesting the \$100 reinstatement be waived.		
State St. Lucie FL 34953		200167668322 03/12/1001011017 **122.50		
9. I, being appointed the registered agent of the above named limit	ed liability company, am familiar with and	accept the obliga	tions of Chapter 608, F.S.	j
Signature of Registered Agent REGISTERED A	GENT MUST SIGN		Date	/10
10. Names and Street Addresses of Managing Members/Manager	5			
Titles Name of Managing Members/ Managers	Street Address of Each		er City / State / Zip	
MGR SEAN RANKIN	2899 Itacy S	<i>'</i>	Port St. Lucie Fe 3425.	
MGR LISA RANKIN	2859 Itacy 5	<i>f</i>	Port St Lucie	FL 34953
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F \$277 50	REI	NSTA	TEMEN.	
	W		do 170	of-
17: E-mail Address: Jeff @SFSTAXACCT. COM [To be used for future annual report notifications]				
12. I certify that I am managing member/manager or the receiver of filing this reinstatement application the reason for dissolution has all fees owed by the limited liability company have been paid. The sif made under oath. Signature of Managing Member/Manager	r trustee empowered to execute this appli- byten eliminated, the limited liability compa	cation as provide any name satisfie is true and accura	s the requirements of section 608	3.406, F.S., and that

Typed or printed name of signing Managing Member/Manager