

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000103727

1. Limited Liability Company's Name

AJT00, LLC

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

10424 Cypress Lakes Pres.
Suite, Apt. #, etc. Dr.

3. Mailing Office Address

10424 Cypress Lakes Pres.
Suite, Apt. #, etc. Dr.

City & State

Lake Worth, FL

City & State

Lake Worth, FL

Zip Country

33449 USA

Zip Country

33449 USA

8. Name and Address of Current Registered Agent

Name

Anand Chatterjee

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

10424 Cypress Lakes Pres. Dr.
Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33449

CR2E041 (1/14)

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified To Do Business in Florida

10/25/06

6. FEI Number

20-8861479

Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a certificate of status

000288614410
08/02/16--01014--025 **\$32.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent

Anand Chatterjee

Date

6.23.16.

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
<u>MGRM</u>	<u>Anand Chatterjee</u>	<u>10424 cypress Lakes Pres. Drive</u>	<u>Lake Worth / FL / 33449</u>
<u>MGRM</u>	<u>Jewrajie Chatterjee</u>	<u>10424 cypress Lakes Pres. Drive</u>	<u>Lake Worth / FL / 33449</u>

11. E-mail Address:

Achatter00@hotmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

Anand Chatterjee

Date

6.23.16

Daytime Phone #

(561) 255-5906

Typed or printed name of signing authorized representative/member

ANAND K. CHATTERJEE

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