

04/11:12am

From-Baker & Hostetler

407 841 0068

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P-848

L06000115225

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BAKER & HOSTETLER LLP
Account Number : I19990000077
Phone : (407) 649-4043
Fax Number : (407) 841-0168

★ File FIRST

Reinstatement

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

homesbyrusse@aol.com

LIMITED LIABILITY REINSTATEMENT
PJR INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$655.00

★ 6 pages total
for both filings.
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together

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J. SAULSBERRY
EXAMINER

RECEIVED
11 FEB -4 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 FEB -4 AM 8:38

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PJR Investments LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Preston J. Russ

Name of Person

Firm/Company

4288 Cape San Blas Road

Address

Port St. Joe, FL 32456

City/State and Zip Code

homesbyruss@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Preston J. Russ

Name of Person

at (850)

227-7770

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000115225

1. Limited Liability Company's Name

PJR Investments LLC

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

4288 Cape San Blas Road

Suite, Apt. #, etc.

3. Mailing Office Address

4288 Cape San Blas Road

Suite, Apt. #, etc.

City & State

Port St. Joe, FL

City & State

Port St. Joe, FL

Zip

32456

Country

Gulf

Zip

32456

Country

Gulf

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/01/2006

6. FEI Number

263805651

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

Preston J. Russ

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

4288 Cape San Blas Road

Suite, Apt. #, Etc.

City

Port St. Joe

State

FL

Zip Code

32456

E-mail Address:

homesbyruss@aol.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 808, F.S.

Signature of
Registered Agent

Date FEB. 03, 2011

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Preston J. Russ	4288 Cape San Blas Road	Port St. Joe, FL 32456

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 808, 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 808.406, 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 2-3-2011 Daytime Phone # 850-227-7770

Typed or printed name of signing Managing Member/Manager Preston J. Russ

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (1/11)