PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY **COMPANY** REINSTATEMENT



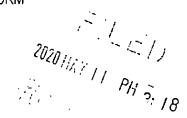
FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1,07000032120

Typed or printed name of signing authorized representative/member Frederick S. Johnston, IV



	1E141 # 207000032	120						
Limited Liability Company's Name						l .	The same of the sa	
FSJ, LLC						ns.	300344551773 /1/2001033020 #1210.00	
						0.20	11/20 01000 020 11 /2/0.00	
						4		
	Office Address - No P O Bax #	1	3. Mailing Office Address				CR2E041 (1/14)	
15017 Lak	te Maurine Dr.	15017 Laki	15017 Lake Maurine Dr.			4. State/Country of Formation		
Suite Apt #, +	etc	Suite, Apt #, e	Suite, Apt #, etc			FL/USA		
						5. Date Organized or Qualified To Do Business in Florida 03/26/2007		
City & State		City & State	City & State			6 FEI Number Applied For		
Odessa. FL		Odessa, FI	Odessa, FL			26-1347209 Not Applicable		
Zip	Country	Zip	Zip		ntry			
33556	USA	33556		บร	SA	7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a certificate of status		
8. Name and Address of Current Registered Agent						- i		
Name						-		
Jonathan S. Gilbert								
Street Address (P.O. Box Number is Not Acceptable) Suite.						1		
3321 Henderson Blvd.						MAY 2.7 2020		
Apt *, Etc.					I ALBRITTON			
City State Zip Code						. IALBRIETON		
Tampa				L	33609			
9. I, being	appointed the registered agent of	the above named limited I	iability compa	inv. a	m familiar with and ac	cept the obligations	s of Chapter 605, F.S	
	()	1011	1	,		,		
Signature of Registered Agent Sugifical Experience						Date 05/08/2020		
		REGISTERED AGEN	T MUST SIGN					
10. Names a	nd Street Addresses of Authorize	d Representatives/Manager	\$					
Titles	Name o		Street Address of Each s/ Authorized Representati Manager				City I State / 7m	
	Authorized Represe Managers				ıve/ —	Gity / State / Zip		
Mgr	Frederick S. Jo	hnston, IV	15017 Lake Maurine			Drive	Odessa. FL 33556	
Mgr	Jenifer Johnst	on Elliott	Elliott P.O. Box 32009			2 Tampa, FL 33679		
					O	Insta	TEMENT	
					11 F	PROPERTY OF STREET	0 = 00 = 50	
					,	7/1/2-	2000	
11. E-mail Ad	rickjohnston899	@yahoo.com						
12 certifo t	hat I am an authorized repress	ntative/ manager or the ser			annual report notificati		s provided for in Chapter 605, F.S. I further	
certify that w	men filing this reinstatement ap	plication the reason for dis	solution has	been	eliminated, the limit	ed liability compan	y name satisfies the requirement of section	
605 0012, F. shall have th	S., and that all lees owed by the same legal effect as if made	ie timited liability company under oath. I am aware thi	have been p at false inform	aid. 1 natio	the information indic a submitted in a doci	ated on this applicument to the Denai	ation is true and accurate, and my signature rtment of State constitutes a third degree	
felony as pro	ovided for in s. 817,155, F.S.	///		-				
Signature of	authorized representative/men	nber	<u> </u>	=4	$U_{\text{Date}} = \frac{05/6}{2}$	08/2020 _{Da}	913-928-2076	