

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000032120

1. Limited Liability Company's Name

FSJ, LLC

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

15017 Lake Maurine Dr.

Suite, Apt. #, etc.

City & State

Odessa, FL

Zip

33556

Country

USA

3. Mailing Office Address

15017 Lake Maurine Dr.

Suite, Apt. #, etc.

City & State

Odessa, FL

Zip

33556

Country

USA

8. Name and Address of Current Registered Agent

Name

Jonathan S. Gilbert

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

3321 Henderson Blvd.

Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33609

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

Jonathan S. Gilbert
REGISTERED AGENT MUST SIGN

Date 05/08/2020

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
Mgr	Frederick S. Johnston, IV	15017 Lake Maurine Drive	Odessa, FL 33556
Mgr	Jenifer Johnston Elliott	P.O. Box 320092	Tampa, FL 33679

REINSTATEMENT
2013-2020

11. E-mail Address rickjohnston899@yahoo.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

Frederick S. Johnston, IV

Date 05/08/2020

Daytime Phone # 813-928-2076

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

FILED
2020 MAY 11 PM 5:18

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CR2E041 (1/14)

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

03/26/2007

6. FEI Number

26-1347209

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

MAY 27 2020

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