

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

11 DEC 16 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L07000051985**

1. Limited Liability Company's Name

**CARJAK, LLC**

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #  
**11000 N.W. 29TH STREET**

3. Mailing Office Address  
**11000 N.W. 29TH STREET**

Suite, Apt. #, etc.

**SUITE 200**

Suite, Apt. #, etc.

**SUITE 200**

City & State

**DORAL, FLORIDA**

City & State

**DORAL, FLORIDA**

Zip

**33172-5000**

Country

**USA**

Zip

**33172-5000**

Country

**USA**

4. State/Country of Formation

**FLORIDA, USA**

5. Date Organized or Qualified  
To Do Business in Florida

**MAY 16, 2007**

6. FEI Number

**260220857**

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  
**NEIL FLAXMAN**

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

**80 S.W. 8TH STREET**

Suite, Apt. #, Etc.

**SUITE 3100**

City

**MIAMI**

State

**FL**

Zip Code

**33130**

E-mail Address:

**300215284243**  
**12/16/11--01009--023 \*\*238.75**

**flaxy@bellsouth.net**

(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 608, F.S.

Signature of  
Registered Agent

Date

**11/23/11**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ROBERTO JAKUBOWICZ	11000 N.W. 29TH STREET, SUITE 200	DORAL, FLORIDA 33172-5000

REINSTATEMENT 2011

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, 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 608.406, 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

**11/30/11**

Daytime Phone #

**305 592-5599**

Typed or printed name of signing Managing Member/Manager

Law Office of  
**Neil Flaxman**  
Professional Association

Neil Flaxman  
Attorney at Law  
*-Florida Bar Board Certified*  
*Labor & Employment Lawyer*  
*-Florida Supreme Court*  
*Certified Circuit Mediator*

Amber Flaxman Young  
Attorney at Law

FILED  
11 DEC 16 PM 12:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 23, 2011

Florida Department of State  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Carjak, LLC  
Document # L07000051985

Dear Sir or Madam:

Enclosed please find a completed reinstatement form and a check in the amount of \$238.75 for Carjack, LLC. Please reinstate Carjack, LLC as a limited liability Company.

Very truly yours,  
Neil Flaxman Professional Association

  
Neil Flaxman, Esq.

NF/mms  
Enc.

