

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000095118

Entity Name: MJ LUGGAGE & GIFTS "LLC"

FILED
Nov 23, 2009
Secretary of State

Current Principal Place of Business:

8021 CITRUS PARK TOWN CENTER MALL
SUITE #7847
TAMPA, FL 33625 US

New Principal Place of Business:

8021 CITRUS PARK TOWN CENTER MALL
SUITE #8095
TAMPA, FL 33625 US

Current Mailing Address:

3731 18TH AVENUE NORTH
SAINT PETERSBURG, FL 33713 US

New Mailing Address:

FEI Number: 87-0813141 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GOFF, MICHAEL D
3731 18TH AVENUE NORTH
SAINT PETERSBURG, FL 33713 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL D. GOFF

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOFF, MICHAEL D
Address: 3731 18TH AVENUE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33713 US

Title: MGRM () Delete
Name: MERENSKY, MICHAEL
Address: 15721 PHOEBE PARK AVENUE
City-St-Zip: LITHIA, FL 33547 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL D. GOFF

MGRM

11/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date