

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

AND  
FILED

14 APR 11 PM 2:41

SECRETARY OF STATE  
FLORIDA

DOCUMENT # **L07000118603**

1. Limited Liability Company's Name

**RJA 3, LLC**

CR2E041 (1/14)

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

**2903 Royal Isle Drive**

Suite, Apt. #, etc.

3. Mailing Office Address

**Post Office Box 10468**

Suite, Apt. #, etc.

4. State/Country of Formation

**Florida**

5. Date Organized or Qualified  
To Do Business in Florida

11/27/2007

6. FEI Number

**261484460**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required  
for a Certificate of Status

City & State

**Tallahassee, FL**

City & State

**Tallahassee, FL**

Zip

**32312**

Country

**USA**

Zip

**32302**

Country

**USA**

8. Name and Address of Current Registered Agent

Name

**James M. Angerer**

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

**2903 Royal Isle Drive**

Suite, Apt. #, Etc.

City

**Tallahassee**

State

**FL**

Zip Code

**32312**

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04/14/14--01001--002 \*\*932.50

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

*James M. Angerer*

REGISTERED AGENT MUST SIGN

Date **4/10/14**

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
AR	Robert J. Angerer, Sr.	2903 Royal Isle Drive	Tallahassee, FL 32312
<b>REINSTATEMENT RJA</b>			

11. E-mail Address: **robertiangerer@ndsupernet.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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

*Robert J. Angerer*

Date **4/10/14**

Daytime Phone # **701-690-2407**

Typed or printed name of signing Authorized Representative/Manager **Robert J. Angerer, Sr.**