

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
2021 SEP 21 PM 1:46

DOCUMENT # L10000009512

1. Limited Liability Company's Name

NJM INVESTMENTS, LLC

100 STEELEN TOWER  
13 21 21-1074-014 11/11/21

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 2404 A & EAGLE BOULEVARD		3. Mailing Office Address 2404 A & EAGLE BOULEVARD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ANNAPOLIS, MARYLAND		City & State ANNAPOLIS, MARYLAND	
Zip 21401	Country USA	Zip 21401	Country USA

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 1/26/10	
6. FEI Number 54-0259290	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent			
Name MAX COHEN			
Street Address (P.O. Box Number is Not Acceptable) Suite, 17703 SCARSDALE WAY			
Apt. #, Etc.			
City BOCA RATON	State FL	Zip Code 33496	

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

*Max Cohen*

Date 9/16/21

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	ZACHARY COHEN	2404 A & EAGLE BOULEVARD	ANNAPOLIS, MARYLAND 21401

**REINSTATEMENT**

2011-2021

*Id*

11. E-mail Address: ZACHARYCOH@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

*Zachary Cohen*

Date 9/16/21

Daytime Phone #

301-367-7007

Typed or printed name of signing authorized representative/member

ZACHARY COHEN