

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 MAR 14 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300245726013
03/14/13--01032--004 **516.25

CR2E041 (1/11)

DOCUMENT # L10000083083

1. Limited Liability Company's Name

Janus Rocks L.L.C.

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

13072 Ringneck Dr

Suite, Apt. #, etc.

Tall FL

City & State

Zip

32312

Country

US-

3. Mailing Office Address

13072 Ringneck Dr.

Suite, Apt. #, etc.

Tall FL

City & State

Zip

32312

Country

4. State/Country of Formation

Tall FL / US

5. Date Organized or Qualified
To Do Business in Florida

8-9-10

6. FEI Number

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

Christopher Marc Janus

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

13072 Ringneck Rd

Suite, Apt. #, Etc

City

Tall FL

State

FL

Zip Code

32312

E-mail Address:

Janus Rocks at Hotmail.com

(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

Christopher Marc Janus

Date

4-13-13

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
Owner Member	Christopher Janus	13072-Ringneck Dr	Tall FL 32312

REINSTATEMENT

11-13

MAR 14 2013

T. SCOTT

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 § 817.155, F.S.

Signature of Managing
Member/Manager

Christopher Marc Janus

Date

Daytime Phone #

850-567-9344

Typed or printed name of signing Managing Member/Manager

Christopher Marc Janus