PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT
2017-2018

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2018 DEC 18 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # L13000129547

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12/18/18--01014--011 **350.00

1. Limited Liability Company's Name

C & J Property Services LLC.

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5430 Manfields PL.	P.O. Box 331793
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Atlantic Beach, FL
Zip: 32207 Country: U.S.	Zip: 32233 Country: U.S.

4. State/Country of Formation: FLORIDA / U.S.

5. Date Organized or Qualified To Do Business in Florida: 9-12-2013

6. FEI Number: 81-3156286 ☐ 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: John W. Fitzgerald

Street Address (P.O. Box Number is Not Acceptable) Suite: 5430 Manfields PL.

Apt. #, Etc.:

City: Jacksonville | State: FL | Zip Code: 32207

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: John W. Fitzgerald Date: 12-13-18
REGISTERED AGENT MUST SIGN

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
AM AR	John Fitzgerald	5430 Manfields PL.	JAX. FL. 32207

11. E-mail Address: candjproserv@gmail.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: John W. Fitzgerald Date: 12-13-18 Daytime Phone #: 904-235-5014

Typed or printed name of signing authorized representative/member: John W. Fitzgerald