

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10886

LIMITED LIABILITY COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DOCUMENT # L14000010886
 1. Limited Liability Company's Name
 NJA Property Holdings, LLC

500377969999

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
 334 Jefferson Avenue
 Suite, Apt. #, etc.
 City & State
 Miami Beach, FL
 Zip Country
 33139 US

3. Mailing Office Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. State/Country of Formation
 Florida
 5. Date Organized or Qualified To Do Business in Florida
 1/21/2014
 6. FEI Number
 87-2854083
 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
 Harley Lippman
 Street Address (P.O. Box Number is Not Acceptable) Suite.
 334 Jefferson Avenue
 Apt. #, Etc.
 City State Zip Code
 Miami Beach FL 33139

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 Harley Lippman Date 12/3/21
 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
MGR	Lippman, Harley	334 Jefferson Avenue	Miami Beach, FL 33139
MGR	Lippman, Marie	334 Jefferson Avenue	Miami Beach, FL 33139

11. E-mail Address: pbaldovin@hodgsonruss.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 disqualification 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 Harley Lippman Date 12/3/21 Telephone # (347) 524-6003
 Typed or printed name of signing authorized representative/member Harley Lippman, Manager

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 12/10/2021

****WALK IN****

ENTITY NAME NJA Property Holdings, LLC

1-2 filing. Amendment first. Reinstatement second.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$25 + up to \$1000

793.75

ACCOUNT #: I20160000072

E. R. HAD

Please call Tina at the above number for any issues or concerns. Thank you so much!