

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS

2022 NOV -9 PM 12:07

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DOCUMENT #

1. Limited Liability Company's Name

C.C.J. HEALTH & WELLNESS LLC  
L20000030599

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

5602 NW 49th TERRACE

Suite, Apt #, etc

City & State

TAMARAC FL

Zip

33319

Country

U.S.A

3. Mailing Office Address

5602 NW 49th TERRACE

Suite, Apt #, etc

City & State

TAMARAC FL

Zip

33319

Country

U.S.A

8. Name and Address of Current Registered Agent

Name

CHARLOTTE CHARLES

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

5602 NW 49th TERRACE

Apt #, Etc

TAMARAC

City

State

FL

Zip Code

33319

CR2EC41 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

01/30/2020

6. FEI Number

84-4645640

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status

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

REGISTERED AGENT MUST SIGN

Date 10/17/2022

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
manager	Charlotte Charles	5602 NW 49th Terr	Tamarac FL 33319
			NOV 03 2022
			R. HUNT

11. E-mail Address

ccj.health.and.wellness@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

Date

10/17/2022

Daytime Phone #

561-714-9028