

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 21 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L96000001059**

R&J Enterprises, LLC
c/o Ralph Johnson
98 Noll Street
Waukegan, IL 60085

1a. Principal Place of Business Address

427 Palm Drive
Islamorada, FL 33036

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business 427 Palm Drive Suite, Apt. #, etc.		2a. Mailing Address 98 Noll Street Suite, Apt. #, etc.		3. Date Organized or Qualified 10/14/96	3a. State of Formation FL
City & State Islamorada, FL		City & State Waukegan, IL		4. FEI Number 65-0699043	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 33036	Country USA	Zip 60085	Country USA	5. Date of Last Report 05/12/97	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

Sheldon Evans, PA
6175 Northwest 153rd Street
Suite 312
Miami Lakes, FL 33014

8. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
500002732305--9
Suite, Apt. #, etc.
-01/06/99--01081--001
****688.75 ****688.75
City
FL
Zip Code

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

Sheldon Evans, registered agent
REGISTERED AGENT MUST SIGN

Date 12/16/98

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
man	Ralph L. Johnson	98 Noll Street	Waukegan, IL 60085

REINSTATEMENT 98
Dec

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.

Signature of
Managing Member/Manager

[Signature]

Date 11/23/98

Daytime Phone # (847) 336-4333

Typed or printed name of signing Managing Member/Manager