

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF
CORPORATION

FILED

00 JUN 28 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L96000001059

1. Limited Liability Company's Name

R & J ENTERPRISES, L.L.C.
427 PALM DRIVE
ISLAMORADA, FL 33036

2. Principal Office Address

C/O RALPH JOHNSON
98 NOLL STREET

Suite, Apt. #, etc.

City & State

WAUKEGAN, IL

Zip

60085

Country

3. Mailing Office Address

6175 N.W. 153rd Street

Suite, Apt. #, etc.

Suite # 312

City & State

MIAMI LAKES, FLORIDA

Zip

33014

Country

(USA)

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10/09/1996

6. FEI Number

65-0699043

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

EVANS, SHELDON

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

6175 NW 153 Street

Suite, Apt. #, Etc.

Suite 312

City

Miami Lakes

State

FL

Zip Code

33014

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 MUST SIGN

Date

6/14/2000

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
MGRM	JOHNSON, RALPH	98 NOLL STREET	WAUKEGAN, IL 60085

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

Ralph Johnson

Date 6.7.00

Daytime Phone # 847-3364333

Typed or printed name of signing Managing Member/Manager

RALPH JOHNSON