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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. **DOCUMENT #** L99000002500

Name and Mailing Address

0017220 01 FP 0,352 **PRSR T3 0 0615 32503

B.J. INVESTMENT, L.L.C.
3501 NORTH ALCANIZ
PENSACOLA FL 32503



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL																																	
Principal Place of Business 3501 NORTH ALCANIZ PENSACOLA FL 32503		5. Date Organized or Qualified To Do Business in Florida 04/30/1999																																	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3567891 <div style="float: right;">Applied For <input type="checkbox"/> Not Applicable</div>																																	
8. Name and Address of Current Registered Agent ROZZELLE, JOHNNY 3501 NORTH ALCANIZ PENSACOLA FL 32503		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status																																	
9. Name and Address of New Registered Agent <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Name</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Street Address (P.O. Box Number is Not Acceptable)</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">City</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; display: flex; justify-content: space-between;">FLZip Code</div>																																			
10. 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. <div style="display: flex; justify-content: space-between;"><div>Signature of Registered Agent REGISTERED AGENT MUST SIGN</div><div>Date 10-28-03</div></div>																																			
11. Names and Street Addresses of Each Managing Member/Manager <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 30%;">Name of Managing Members/Managers</th> <th style="width: 30%;">Street Address of Each Managing Member/Manager</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>M</td> <td>ROZZELLE, JOHNNY</td> <td>3501 NORTH ALCANIZ</td> <td>PENSACOLA FL</td> </tr> <tr> <td>M</td> <td>ROZZELLE, BETTY A</td> <td>3501 NORTH ALCANIZ</td> <td>PENSACOLA FL</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	M	ROZZELLE, JOHNNY	3501 NORTH ALCANIZ	PENSACOLA FL	M	ROZZELLE, BETTY A	3501 NORTH ALCANIZ	PENSACOLA FL																				
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12. 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. <div style="display: flex; justify-content: space-between;"><div>Signature of Managing Member/Manager </div><div>Date _____ Daytime Phone # 850-434-0000</div></div> <div style="margin-top: 10px;">Typed or printed name of signing Managing Member/Manager Betty Ann Rozzelle</div>																																			

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11/03/03-01033-012 **150.00

CH2E034 (7/03)