PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STAT  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS	OI DEC 18 PM 2: 36 SECRETARY OF STATE
DOCUMENT # L 99 00 1. Limited Liability Company's Name 7. R. J. LLC	00004517	TALLAHASSEE, FLORIDA
2. Principal Office Address 36 SE 1344 St	3. Mailing Office Address 36 SE 13th SF Suite, Apt. #, etc.	4. State/Country of Formation  FL, USP  5. Date Organized or Qualified
DANIA, FL  33004 Country USA	City & State  THUIR, FL  ZIP  ZIP  ZIP  COUNTRY  USA	To Do Business in Florida 7 - 2G - 1999  6. FEI Number  EIN#G5 - G937757  Not Applied For Not Applicable  7. CERTIFICATE OF STATUS DESIRED   6079@cattlibrate of Status
8. Name and Address of Current Registered Agent  Name  Street Address (P.O. Box Number is Nat Acceptable)  Street Address (P.O. Box Number is Nat Acceptable)  Suite, Apt. #, Etc.  City  State  Zip Code  FL  33 / J  168  Signature of Registered Agent  AREGISTER FOR GEN MUST SIGN		
10. Names and Street Addresses of Managing Mer  Name of Managing Members/ Manag	Street Address of	of Each  Manager City / State / Zip
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filing this reinstatement application the reason for all fees owed by the limited liability company hav as if made under oath.	or dissolution has been eliminated, the limited liability we been paid. The information indicated on this application	is application as provided for in chapter 608, F.S. I further certify that when y company name satisfies the requirements of section 608.406, F.S., and that ication is true and accurate, and my signature shall have the same legal effect  12-11-0(  Davtime Phone # (954) 9 2 3 -3039

REINHARD PECHER

ARJ-CORP. L.L.C.