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15 JUL 21 PM 4:04
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M03000001637

1. Limited Liability Company's Name
S & J Family, L.L.C.

2. Principal Office Address - No P.O. Box # 2988 Cherokee Road		3. Mailing Office Address 2988 Cherokee Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Birmingham, AL		City & State Birmingham, AL	
Zip 35223	Country USA	Zip 35223	Country USA

8. Name and Address of Current Registered Agent

Name
Jonathan L. Kimerling

Street Address (P.O. Box Number is Not Acceptable) Suite,
23 Highland Avenue

Apt. #, Etc.

City Santa Rosa Beach	State FL	Zip Code 32459
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CR2ED41 (1/14)

4. State/Country of Formation Alabama	
5. Date Organized or Qualified To Do Business in Florida 05/21/2003	
6. FEI Number 63-1189907	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>See Additional Fees, as governed by the constitution of this state.</small>	

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 *Jonathan L. Kimerling* REGISTERED AGENT MUST SIGN Date 7/20/2015

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Jonathan L. Kimerling	23 Highland Avenue	Santa Rosa Beach, FL 32459

REINSTATEMENT

JUL 21 2015
R. HUNT

11. E-mail Address: **1jonkim@bellsouth.net**

(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 *Jonathan L. Kimerling* Date 7/20/2015 Daytime Phone # (205) 807-5000

Typed or printed name of signing authorized representative/member **Jonathan L. Kimerling**

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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RE-SUBMIT

To: Division of Corporations
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Please retain original filing date of submission 7/21

From: Account Name : C T CORPORATION SYSTEM
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LIMITED LIABILITY REINSTATEMENT
S & J FAMILY, L.L.C.

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