

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 16 AM 9:18

DOCUMENT # M03000002276

1. Limited Liability Company's Name

CJX Holdings, LLC

CR2E041 (8/05)

2. Principal Office Address

222 S. US Hwy 1

Suite, Apt. #, etc.

216

City & State

Tequesta, FL

Zip

33469

Country

USA

3. Mailing Office Address

222 S. US Hwy 1

Suite, Apt. #, etc.

Suite 216

City & State

Tequesta, FL

Zip

33469

Country

USA

4. State/Country of Formation

DE

5. Date Organized or Qualified
To Do Business in Florida

7/11/2003

6. FEI Number

331026437

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2525

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

Brian Courtney
Asst. V. Pres.

Date

01/16/07

REGISTERED AGENT MUST SIGN

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
MGR	Christos N. Kritikos	1455 Ocean Drive, Apt 1608	Miami Beach, FL 33139

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

Date

12/29/06

Daytime Phone #

561-575-9774

Typed or printed name of signing Managing Member/Manager

Christos N. Kritikos