

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 19 AM 9:39

DOCUMENT # M03000002704

1. Limited Liability Company's Name

VJ Consulting LLC

500086238165  
01/25/07--01043--016 \*\*250.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

415 Poinsettia Rd

Suite, Apt. #, etc.

3. Mailing Office Address

1006 DREW ST

Suite, Apt. #, etc.

City & State

Bellera, FL

City & State

Clearwater, FL

Zip

33755

Country

Pinellas

Zip

33756

Country

Pinellas

4. State/Country of Formation

Pinellas

5. Date Organized or Qualified  
To Do Business in Florida

Aug 11, 2003

6. FEI Number

04-3595860

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

Jay L. Steinberg

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

1006 DREW ST.

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33756

☐ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date

17th January 2007

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	Jay L. Steinberg	1006 Drew St	Clearwater FL 33756
MGR	VICTORIA ZACH	1006 Drew St	Clearwater, FL 33756

REINSTATEMENT 05-07

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 17 Jan 07

Daytime Phone # 727-230-3447

Typed or printed name of signing Managing Member/Manager

Jay L. Steinberg