

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC 21 AM 10:55

DOCUMENT # L01000001780

1. Limited Liability Company's Name

DIJA, L.L.C.

CR2E041 (8/05)

2. Principal Office Address

3691 SW 147th Lane Road

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34473

Country

U.S.

3. Mailing Office Address

3691 SW 147th Lane Road

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34473

Country

U.S.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida
02/02/2001

6. FEI Number

593747560

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

James E. Fox, Sr.

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

3691 SW 147th Lane Road

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34473

700062295987

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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

12/16/05

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
MGRM	James E. Fox, Sr.	3691 SW 147th Lane Road	Ocala, FL 34473
MGRM	Dianne L. Fox	3691 SW 147th Lane Road	Ocala, FL 34473

REINSTATEMENT 03-05

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

12/16/05

Daytime Phone #

352-207-0158

Typed or printed name of signing Managing Member/Manager

James E. Fox, Sr.