

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

04 MAY 12 PM 4:03

WR 05/20/04

DOCUMENT # 201000021573

1. Limited Liability Company's Name

DLJ Associates, LLC

REINSTATEMENT 2003-2004

2. Principal Office Address

4010 Winderlakes Dr.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32835

Country

USA

3. Mailing Office Address

4010 Winderlakes Dr.

Suite, Apt. #, etc.

City & State

Orlando

Zip

FL

Country

32835

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

12/13/2001

6. FEI Number

223849426

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

Charles Giannetto, Esq.

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

7380 Sand Lake Rd., Suite 500

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32819

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

[Signature]

Date 05/11/04

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
MGRM	Diana L Jenkins	4010 Winderlakes Dr.	Orlando, FL 32835
MGR	James E Jenkins	4010 Winderlakes Dr.	Orlando, FL 32835

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

[Signature]

Date 5/11/04

Daytime Phone # 407 445-2303

Typed or printed name of signing Managing Member/Manager

Diana L Jenkins