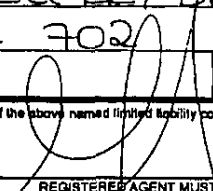
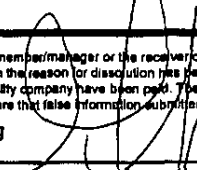


FILED

13 DEC -9 PM 12: 06

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM OF STATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L06000046086					
1. Limited Liability Company's Name KELJOHN 3604 L.L.C.					
2. Principal Office Address - No P.O. Box # 601 BRICKELL KEY DR.		3. Mailing Office Address 601 BRICKELL KEY DR.		4. State/Country of Formation	
Suite, Apt. #, etc. 702		Suite, Apt. #, etc. 702		5. Date Organized or Qualified To Do Business in Florida	
City & State MIAMI, FL		City & State MIAMI, FL		6. FEI Number Applied For Not Applicable	
Zip 33131	Country U.S.	Zip 33131	Country U.S.	7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name GERARDO A. VAZQUEZ, P.A. Street Address (P.O. Box Number is Not Acceptable) 601 BRICKELL KEY DRIVE Suite, Apt. #, Etc. SUITE 702 City MIAMI, FL State FL Zip Code 33131				E-mail Address: LA@GVAZQUEZ.COM (To be used for future annual report notices)	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S. Signature of Registered Agent  Date 12/5/13 REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager		City / State / Zip	
MGRM	BROWN HOLDINGS LTD	601 BRICKELL KEY DR. SUITE 702		MIAMI, FL 33131	
MGRM	BROWN JOHNNY	601 BRICKELL KEY DR. SUITE 702		MIAMI, FL 33131	
REINSTATEMENT				DEC 09 2013 R. HUNT	
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 606, 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 606.406, 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. 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 Managing Member/Manager  Date 12/5/13 Daytime Phone # (305) 371-8064					
Typed or printed name of signing Managing Member/Manager					