FILED

13 DEC -9 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

700254534357
12/09/13--01003--024 **937.50

CR2E041 (1/11)

DOCUMENT # L06000046086

1. Limited Liability Company's Name

KELJOHN 3604 L.L.C.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
601 BRICKELL KEY	DR. / 601 BRICKELL KEY DR
Suite, Apt. #, etc: 702	Suite, Apt. #, etc: 702
City & State: MIAMI, FL	City & State: Miami, FL
Zip: 33131 Country: U.S	Zip: 33131 Country: U.S

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number ☐ 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: 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, 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 608, F.S.

Signature of Registered Agent _____ Date 12/5/13
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	BROWN HOLDINGS LTD	601 Brickell Key Dr. SUITE 702	MIAMI, FL 33131
MGRM	BROWN JOHNNY	601 BRICKELL KEY DR. SUITE 902	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 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. 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