


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVAL
AND
FILED

15 NOV -3 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L07000110881

1. Limited Liability Company's Name

D+J Trading, LLC

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

75 W. Bear Hollow Rd

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 568

Suite, Apt. #, etc.

City & State

Greenville, FL

City & State

Monticello, FL

Zip

Country

32331

Jefferson

Zip

Country

32345

Jefferson

8. Name and Address of Current Registered Agent

Name

Douglas M. Coan

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

75 W. Bear Hollow Rd

Apt. #, Etc.

City

Greenville

State

FL

Zip Code

32331

CR2E041 (1/14)

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

800278750488
11/03/15--01001--015 **693.75

800278750488
11/03/15--01001--016 **238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Douglas M. Coan
REGISTERED AGENT MUST SIGN

Date 11/2/15

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
<u>Pres</u>	<u>Douglas M. Coan</u>	<u>75 W. Bear Hollow Rd.</u>	<u>Greenville, FL 32331</u>

NOV - 3 2015

REINSTATEMENT 2010-2015

L. SELLERS

11. E-mail Address

DJENTERPRISES@aol.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

Douglas M. Coan

Date

11/2/15

Daytime Phone #

850-764-0012

Typed or printed name of signing authorized representative/member