

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 FEB -7 AM 10 46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700220421737
02/03/12--01037--027 ***377.50

CR2E041 (1/11)

DOCUMENT # L09080122674

1. Limited Liability Company's Name

DJP WEALTH MANAGEMENT, LLC

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

1188 S. BROAD STREET

Suite, Apt. #, etc.

3. Mailing Office Address

1188 S. BROAD STREET

Suite, Apt. #, etc.

City & State

BROOKSVILLE, FL

City & State

BROOKSVILLE, FL

Zip

34601

Country

USA

Zip

34601

Country

USA

4. State/Country of Formation

FL / U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

1/1/10

6. FEI Number

27-1410720

☐ 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

DARRYL J. POLSON

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

7347 DOGWOOD CRESCENT

Suite, Apt. #, Etc.

City

SPRING HILL

State

FL

Zip Code

34607

E-mail Address:

DARRYL@DJPWEALTH.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 1/30/12

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
MEM	DARRYL J. POLSON	7347 DOGWOOD CRESCENT	SPRING HILL, FL 34607

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 1/30/12

Daytime Phone # 352-397-4950

Typed or printed name of signing Managing Member/Manager

DARRYL J. POLSON