
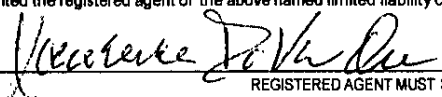
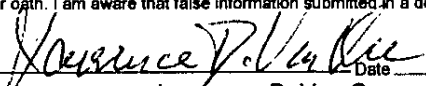


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L10000054439			
1. Limited Liability Company's Name DMGL Consulting Group, LLC			
2. Principal Office Address - No P.O. Box # 9324 Hidden Water Circle Suite, Apt. #, etc.		3. Mailing Office Address 9324 Hidden Water Circle Suite, Apt. #, etc.	
City & State Riverview, FL 33578-3031		City & State Riverview, FL 33578-3031	
Zip 33578-3031	Country USA	Zip 33578-3031	Country USA
8. Name and Address of Current Registered Agent			
Name Lawrence D. Van Ore			
Street Address (P.O. Box Number is Not Acceptable) Suite, 9324 Hidden Water Circle			
Apt. #, Etc.			
City Riverview		State FL	Zip Code 33578-3031
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  Date 05-12-2016 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Title	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR/AF	VAN ORE, LAWRENCE D.	9324 HIDDEN WATER CIRCLE	RIVERVIEW, FL 33578-3031
MGR/AF	JACOBS, MARGIE L.	590 LAKE KATHRYN CIRCLE	CASSELBERRY, FL 32707
MGR/AF	JACOBS, DARYL B.	1188 GROVELAND DRIVE	CHULUOTA, FL 32766
REINSTATEMENT 2015 - 2015			
11. E-mail Address: ldvanore@hotmail.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 		Date 05-12-2016	Daytime Phone # 813-626-4057
Typed or printed name of signing authorized representative/member Lawrence D. Van Ore			