

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 JUL 11 PM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L11000014057

1. Limited Liability Company's Name

DJ DOCTOR LLC

700262199837
07/11/14--01039--007 **516.25

CR2E041 (1/14)

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

13845 AMELIA POND DR

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINDERMERE FL

City & State

Zip

Country

Zip

Country

34786

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

02/02/2011

6. FEI Number

45-1639016

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

Jonathan Proto

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

13845 Amelia Pond Dr.

Suite, Apt. #, Etc.

City

WINDERMERE

State

FL

Zip Code

34786

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 7/9/2014

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
MGR	JONATHAN PROTO	13845 Amelia Pond Drive	Windermere, FL 34786

11. E-mail Address:

(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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date

7/9/2014

Daytime Phone

(407) 844-7645

Typed or printed name of signing Authorized Representative/Manager

JONATHAN PROTO