PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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

FILED

2016 MAR -1 AM 9: 46

TALLAHASSEE, FLORIDA

DOCUMENT # L13000015915

1. Limited Liability Company's Name

THE DILJOHN GROUP, LLC

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

1110 N.W 75th Terrace

Suite, Apt. #. etc.

City & State

PLANTATION FL

Zip 33313   Country USA

3. Mailing Office Address

P.O. Box 16644

Suite, Apt. #. etc.

City & State

Ft. Lauderdale FL

Zip 33318   Country USA

CR2E041 (1/14)

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

01/30/2013

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   MICHAEL DILJOHN

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

1110 N.W 75th Terrace

Apt. #. Etc.

City   PLANTATION   State FL   Zip Code 33313

300282806233
03/01/16--01008--019 **516.25

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   Michael Diljoh   Date 1-29-16

REGISTERED AGENT MUST SIGN

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
AR	MICHAEL DILJOHN	1110 N.W 75th Terr	Plantation Flo. 33313
	REINSTATEMENT		
	2014 — 2016		

11. E-mail Address: Diljohngroup@gmail.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   Michael Diljoh   Date 1-29-16   Daytime Phone # 954-687-3778

Typed or printed name of signing authorized representative/member   Michael Diljohn