

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L14000062934

1. Limited Liability Company's Name

DLJ contracting LLC

900358502149
01/20/21--01009--025 **263.75

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

3353 SW 22nd St

Suite, Apt. # etc.

City & State

Okla chotzee FL

Zip

34974

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

4/15/14

6. FEI Number

46-5591048

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

Daniel A Lopez Jr

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

3353 SW 22nd St

Apt. #, Etc

City

Okla chotzee

State

FL

Zip Code

34974

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

DLJ

Date

1/13/21

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
MGR	Daniel A Lopez Jr	3353 SW 22nd St	Okla chotzee FL, 34974

11. E-mail Address:

DLJ contracting LLC @ yahoo.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

DLJ

Date

1/13/21

Daytime Phone #

772-708-9012

Typed or printed name of signing authorized representative/member

Daniel A Lopez Jr

2021 JAN 19 PM 6:51

MAR 01 2021

S. YOUNG