PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2018 OCT -8 AM 9:26

800319509858

CR2E041 (1/14)

DOCUMENT # M17000005836

1. Limited Liability Company's Name
DLB Capital Investments, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
459 NE 5th Ave		459 NE 5th Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
409		409	
City & State		City & State	
Delray Beach, FL		Delray Beach, FL	
Zip	Country	Zip	Country
33483	USA	33483	USA

4. State/Country of Formation
DE

5. Date Organized or Qualified To Do Business in Florida 7/11/2017

6. FEI Number 41-2208173 ☐ 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
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable) Suite
1201 Hays Street

Apt. #, Etc

City	State	Zip Code
Tallahassee	FL	32301

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 Emily Croft REGISTERED AGENT MUST SIGN Emily Croft Asst. Vice President Date 10/16/2018

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
MGRM	Douglas L. Brown	459 NE 5th Ave, Ste 409	Delray Beach, FL 33483

11. E-mail Address: ebills@dlbcapital.com
(To be used for future annual report notifications)

OCT 17 2018
C SNEAD

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in [illegible] 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 [signature] Date 10/8/18 Daytime Phone # 561.208.3808

Typed or printed name of signing authorized representative/member Douglas L. Brown

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 428176 4328337

AUTHORIZATION :

COST LIMIT : $ 238.75

ORDER DATE : October 8, 2018

ORDER TIME : 2:08 PM

ORDER NO. : 428176-005

CUSTOMER NO: 4328337

Please return this sheet

REINSTATEMENT

NAME: DLB CAPITAL, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF STATE
18 OCT -8 PM 4:05