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Division of Corporations
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To:
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From:
Account Name : ARNOLD MATHENY & EAGAN, P.A.
Account Number : 120000000141
Phone : (407)841-1550
Fax Number : (407)841-8746

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LIMITED LIABILITY REINSTATEMENT

DR FOUR BEAT ALLIANCE LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$155.00

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA
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DOCUMENT # L00000015622

1. Limited Liability Company's Name

DR Four Beat Alliance LLC

2. Principal Office Address	3. Mailing Office Address
17401 S.E. County Road 475	(same)
Suite, Apt. #, etc.	Suite, Apt. # etc.
City & State: Summerfield, Florida	City & State
Zip: 34491 / Country: Marion	Zip / Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 12/15/00

6. FEI Number: 59-3688044 ☐ 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: Arnold, Matheny & Eagan, P.A.

Street Address (P.O. Box Number Is Not Acceptable): 801 N. Magnolia Avenue

Suite, Apt. #, Etc.: Suite 201

City: Orlando | State: FL | Zip Code: 32803

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: [signature] Date: 12/6/01
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Michael A. Siemer	17401 S.E. County Road 475	Summerfield, Florida 34491

11. I certify that I am managing member/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 608.406, 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.

Signature of Managing Member/Manager: [signature] Date: 12/5/01 Daytime Phone # 352-245-4715

Typed or printed name of signing Managing Member/Manager: Michael A. Siemer

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

December 6, 2001

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TALLAHASSEE, FLORIDA
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DR FOUR BEAT ALLIANCE LLC
17401 S.E. COUNTY ROAD 475
SUMMERFIELD, FL 34491

SUBJECT: DR FOUR BEAT ALLIANCE LLC
REF: L00000015622

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