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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : ARNOLD MATHENY & EAGAN, P.A.
Account Number : 20000000141
Phone : (407) 841-1550
Fax Number : (407) 841-8746

AL1

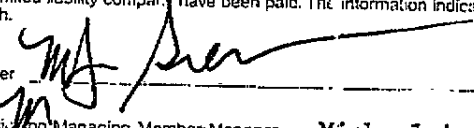
LIMITED LIABILITY REINSTATEMENT

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		FILED SECRETARY OF STATE TALAHASSEE, FLORIDA 01 DEC -7	
DOCUMENT # L00000015622					
1. Limited Liability Company's Name DR Four Beat Alliance LLC					
2. Principal Office Address 17401 S.E. County Road 475 Suite, Apt. #, etc.		3. Mailing Office Address (same) Suite, Apt. # etc.		4. State/Country of Formation Florida	
City & State Summerfield, Florida		City & State		5. Date Organized or Qualified To Do Business in Florida 12/15/00	
Zip 34491	Country Marion	Zip	Country	6. FEI Number 59-3688044	
				Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☐ \$500 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 Zip Code FL 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  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  Date 12/5/01 Daytime Phone # 352-245-4715					
Typed or printed name of signing Managing Member/Manager Michael A. Siemer					

12/07/2001 14:01 FAX 407 841 8746
850)487-6013

ARNOLD, MATHENY, & EAGAN,
12/06/01 16:19 Fl Dept of State p1 /1

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

December 6, 2001

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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