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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000014280

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB -9 PM 1:50
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L02000014280

Name and Mailing Address

0014844 01 AB 0.301 **AUTO H5 0 0615 10021-013641

DAW INVESTMENTS, LLC
24 E. 80TH STREET, #4A
NEW YORK NY 10021-0136

REINSTATEMENT

2. New Mailing Address
[redacted]
City, State, Zip
[redacted]

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida 06/10/2002

Principal Place of Business
24 E. 80TH STREET, #4A
NEW YORK NY 10021

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number 01-0723020
Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

CR2E034 (7/03)

8. Name and Address of Current Registered Agent

MCABEE, SYDNEY
~~200 BAYOU BLVD.~~ 5890A Spanish Tr.
PENSACOLA FL ~~32503~~ Pensacola, FL. 32504

9. Name and Address of New Registered Agent

Name SYDNEY McAbee
Street Address (P.O. Box Not Acceptable) 5890A SPANISH TRAIL
PENSACOLA FL 32504

10. 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 Sydney SIGNATURE REQUIRED Date 12-11-03
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	[redacted]		
MANAGER	DAVID WOOLENBERG	24 E 80th STREET #4A [redacted]	500025562935 12/17/03--01061--026 **150.00 NEW YORK, NY 10021
MANAGER	SYDNEY MCABEE	5890A SPANISH TRAIL	PENSACOLA, FL 32504
	JULIE WOOLENBERG	24 E 80th ST. #4A	NEW YORK, NY 10021
	REINSTATEMENT	03	500025562935 02/24/04--01033--034 **50.00

12. 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 REQUIRED Date 11/3/03 Daytime Phone # 212 472 0975

Typed or printed name of signing Managing Member/Manager DAVID WOOLENBERG