


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
MAR -5 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L02000027830**

1. Limited Liability Company's Name  
**Dink LLC**

2. Principal Office Address <b>33 W. Church St.</b>		3. Mailing Office Address <b>33 W. Church St.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>	
Zip <b>32801</b>	Country <b>USA</b>	Zip <b>32801</b>	Country <b>USA</b>

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number  
**16-1635921**

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

8. Name and Address of Current Registered Agent

Name **Christine Farrow**

Street Address (P.O. Box Number is Not Acceptable)  
**1813 Maple Leaf Dr.**

Suite, Apt. #, Etc.

City **Windemere**

State **FL** Zip Code **34786**

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03/05/04--01066--010 \*\*200.00

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 **Christine Farrow** Date **2/26/04**

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
Mngr.	<b>Dirk Farrow</b>	<b>1813 Maple Leaf Dr.</b>	<b>Windemere, FL 34786</b>
Mngr.	<b>Robert D. Taylor</b>	<b>7280 Hawksnest Blvd.</b>	<b>Orlando, FL 32835</b>
		<b>2003 -</b>	
		<b>2004</b>	
		<b>REINSTATEMENT</b>	<b>3/24/04</b>

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 **Dirk Farrow** Date **2/26/04** Daytime Phone# **407-649-4270**

Typed or printed name of signing Managing Member/Manager **DIRK FARRAW**

CR2E041 (10/02)