

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 09, 2006 8:00 A.M.
Secretary of State

DOCUMENT # L03000020834

1. Limited Liability Company's Name

DND Partners LLC

2. Principal Office Address

4986 SE Lost Lake Way

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 3087

Suite, Apt. #, etc.

City & State

Hobe Sound, FL

City & State

Tequesta, FL

Zip

33455

Country

USA

Zip

33469

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida/USA

**5. Date Organized or Qualified
To Do Business in Florida**

06/10/2003

6. FEI Number

13-4257419

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

Nicholas D'Alessio, Jr.

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

4986 SE Lost Lake Way

Suite, Apt. #, Etc.

600064059426

01/19/06--01027--023 **250 00

City

Hobe Sound

State

FL

Zip Code

33455

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**

Nicholas D'Alessio, Jr.
REGISTERED AGENT MUST SIGN

Date

12/1/05

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	Nicholas D'Alessio, Jr.	4986 SE Lost Lake Way	Hobe Sound, FL 33455
MGR	Dennis Helper, Jr.	17648 Cinquez Park Road W	Jupiter, FL 33458
MGR	Dennis Helper, Sr.	25 Eleuthera Drive	Ocean Ridge, FL 33435

REINSTATEMENT 04-06

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**

Nicholas D'Alessio, Jr.

Date

12/1/05

Daytime Phone #

772-263-2494

Typed or printed name of signing Managing Member/Manager

Nicholas D'Alessio, Jr.