

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000023702

1. Limited Liability Company's Name

DNA SOLUTIONS LLC

700139200157
12/22/08--01037--026 **560.00

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

80 S.W. 8th St.

Suite, Apt. #, etc.

#2000

City & State

Miami

Zip

33130

Country

US

3. Mailing Office Address

80 S.W. 8th St.

Suite, Apt. #, etc.

#2000

City & State

Miami

Zip

33130

Country

US

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida 06/30/2003

6. FEI Number
20-0799371

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

ACTIVEFILINGS LLC

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

10651 NE 11TH COURT

Suite, Apt. #, Etc.

City

MIAMI SHORES

State

FL

Zip Code

33138

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date 11/14/08

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
MGRM	VERNON MUIR	80 S.W. 8th St. #2000	MIAMI, FL 33130

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 11/14/08

Daytime Phone # 800-609-2521

Typed or printed name of signing Managing Member/Manager **VERNON MUIR**