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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP -6 AM 10:45

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000061694

1. Limited Liability Company's Name

Desi De Dots, LLC

CR2E041 (8/05)

2. Principal Office Address		3. Mailing Office Address	
2000 GREENVIEW SHORES		2000 GREENVIEW SHORES	
Suite, Apt. #, etc. APT 317		Suite, Apt. #, etc. APT 317	
City & State WELLINGTON FLA		City & State WELLINGTON FLA	
Zip 33414	Country PALMBEACH	Zip 33414	Country PALMBEACH

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 08.20.04	
6. FEI Number 562483476	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name	MICHELE DESIDERIO (MGRM)	* DEMONDO, DORIS
Street Address (P.O. Box Number is Not Acceptable)	2000 GREENVIEW SHORES	444 B. ROAD
Suite, Apt. #, Etc.	APT. 317	LOXAHATCHEE FL. 33470
City	WELLINGTON	State FL
		Zip Code 33414

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: Michele Desiderio Date: Sept 1, 2006

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
Manager	Jonah Brier	2000 Greenview Shores Apt 317	Wellington Fla. 33414
Manager	Celest Zolo	(same)	
Manager	Michele Desiderio	(same)	400079823474 09/14/06--01036--001 **55.00
Manager	Margaret Robison	(Same)	

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: Michele Desiderio Date: 9-1-06 Daytime Phone #: 954-592-0737

Signature of Managing Member/Manager: Louis De Mondo Date: 9-1-06 Daytime Phone #: 561-791-1430

Typed or printed name of signing Managing Member/Manager: Doris DeMondo / MICHELE DESIDERIO