L07000075031

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000234536 3)))

H09000234536ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
09 NOV -4 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : GREENSPOON MARDER, P.A.
Account Number : 076064003722
Phone : (888)491-1120
Fax Number : (954)343-6962

LIMITED LIABILITY REINSTATEMENT

RECEIVED
09 NOV -4 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEBI DAVIS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$377.50

S. HAWKES
NOV - 5 2009
EXAMINER

Electronic Filing Menu Corporate Filing Menu Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 NOV -4 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000075031

1. Limited Liability Company's Name

DEBI DAVIS, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3315 NE 15TH STREET	3315 NE 15TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT LAUDERDALE, FL	City & State: FORT LAUDERDALE, FL
Zip: 33304 Country: USA	Zip: 33304 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 7/19/2007

6. FEI Number: 20-5226932 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee

8. Name and Address of Current Registered Agent

Name: GREENSPOON MARDER, P.A.

Street Address (P.O. Box Number is Not Acceptable): 100 W. CYPRESS CREEK ROAD

Suite, Apt. #, Etc.: SUITE 700

City: FORT LAUDERDALE State: FL Zip Code: 33309

☑ 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: [signature] as VP — Date: 11-3-09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	DEBI DAVIS-CASE	3315 NE 15TH STREET	FT. LAUDERDALE, FL 33304
MGR	ROBERT CASE	3315 NE 15TH STREET	FT. LAUDERDALE, FL 33304
	REINSTATEMENT		
	2008-09		

S. HAWKES
NOV - 5 2009
EXAMINER

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 608.408, 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] Date: 11/3/09 Daytime Phone #: 954-491-1120

Typed or printed name of signing Managing Member/Manager: DEBI DAVIS-CASE