

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 13, 2009
Secretary of State

DOCUMENT# M08000004471

Entity Name: DPI OF DELAWARE, LLC

Current Principal Place of Business:

5005 N. STATELINE AVENUE
TEXARKANA, TX 75503

New Principal Place of Business:

Current Mailing Address:

5005 N. STATELINE AVENUE
TEXARKANA, TX 75503

New Mailing Address:

FEI Number: 20-5063341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KATHERINE LACKEY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CORCORAN, DUANE
Address: #5 HILLCREST
City-St-Zip: TEXARKANA, AR 71854

Title: MGRM () Delete
Name: LEWIS, CHRIS
Address: 12919 MALLARD WAY
City-St-Zip: HOUSTON, TX 77044

Title: MGRM () Delete
Name: PALMER, GRANT
Address: 702 CHARIDGES DRIVE
City-St-Zip: HOUSTON, TX 77034

Title: MGRM () Delete
Name: MCMILLON, DONALD
Address: 9304 DANUBE
City-St-Zip: TEXARKANA, TX 75503

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RACHEL MOORE

CONT

10/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date