

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 JUN -6 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
600104227846

06/11/07--01054--019 **100.00

REINSTATEMENT 00-07

CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000005427

1. Limited Liability Company's Name

DERWEESOR, LLC

2. Principal Office Address - No P.O. Box # <u>18003 SPENCER RD</u> Suite, Apt. #, etc. —		3. Mailing Office Address <u>18003 SPENCER RD</u> Suite, Apt. #, etc. —	
City & State <u>ODESSA, FL</u>		City & State <u>ODESSA, FL</u>	
Zip <u>33556</u>	Country <u>U.S.</u>	Zip <u>33556</u>	Country <u>U.S.</u>

4. State/Country of Formation <u>U.S.</u>	
5. Date Organized or Qualified To Do Business in Florida <u>2/13/2003</u>	
6. FEI Number <u>N/A</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name DARRYL DERWORT

Street Address (P.O. Box Number is Not Acceptable)
18003 SPENCER RD

Suite, Apt. #, Etc.
—

City ODESSA State FL Zip Code 33556

☒ 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] Date 5/15/07

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
<u>VICE PRES.</u>	<u>MEL SOREN</u>	<u>8021 SAILBOAT KEY</u>	<u>S. PASADENA, FL</u>
<u>PRES.</u>	<u>DARRYL DERWORT</u>	<u>18003 SPENCER RD</u>	<u>ODESSA, FL 33556</u>

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 [Signature] Date 5/15/07 Daytime Phone # 813 230-4291

Typed or printed name of signing Managing Member/Manager DARRYL DERWORT

NGR
16RM

MGR
MEN