

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 OCT 11 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000000652

1. Corporation Name

D.R.B., L.L.C.

2. Principal Office Address

7928 Lasalle Boulevard

Suite, Apt. #, etc.

City & State

Miramar, Florida

Zip

Country

33023

3. Mailing Office Address

7928 Lasalle Boulevard

Suite, Apt. #, etc.

City & State

Miramar, Florida

Zip

Country

33023

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/19/2000

5. FEI Number

65-0975482

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

SPIEGEL & UTRERA, P.A.

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

1840 Southwest 22 Street

Suite, Apt. #, Etc.

4th Floor

City

Miami

State

FL

Zip Code

33145

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent **By:**

Spiegel & Utrera, P.A.

Natalia Utrera, Vice President

Date

October 10, 2001

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGR	Gordon-Brown, Alexis F.	7928 Lasalle Boulevard	Miramar, Florida 33023
MGR	Doherty, Michelle	7928 Lasalle Boulevard	Miramar, Florida 33023

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alexis Gordon Brown

10-3-01

941-498-2610

CR2E081 (9/00)