

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JAN 30 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000000659

1. Limited Liability Company's Name

DEWEY I, L.L.C.

2. Principal Office Address

1550 Diplomat Parkway

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip  
33019

Country

3. Mailing Office Address

1550 Diplomat Parkway

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip  
33019

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

1/12/00

6. FEI Number

65-0974471

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Daniel K. Caple

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

1550 Diplomat Parkway

Suite, Apt. #, Etc.

City

Hollywood,

State

FL

Zip 33019

500004853605-1

-02/01/02-01060-006

\*\*\*205.00 \*\*\*205.00

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

REGISTERED AGENT MUST SIGN

Date 01-17-02

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

MGR

Daniel K. Caple

1550 Diplomat Parkway

Hollywood, FL 33019

MGR

Robert C. Griswold

1550 Diplomat Parkway

Hollywood, FL 33019

REINSTATEMENT

01-02-02  
dec

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

Date 01-17-02

Daytime Phone # 954-923-2101

Typed or printed name of signing Managing Member/Manager

Daniel K. Caple

CR2E041 (9/01)