

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

02 NOV -5 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. DOCUMENT # L00000006129

Name and Mailing Address

0002081 01 FP 0.352 \*\*PRSRT T7 0 0615 33140-286209



DCM-NAPLES, L.L.C.  
4409 ALTON ROAD  
MIAMI BEACH FL 33140-2862

700008203397  
11/05/02--01039--013 \*\*150.00

MJM



11/5 2002

2. New Mailing Address

City, State, Zip

Principal Place of Business

1674 MERIDIAN AVENUE, #210  
MIAMI BEACH FL 33139

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

05/26/2000

6. FEI Number

65-1033585

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

DUNAEVSKY, DOV  
4409 ALTON ROAD  
MIAMI BEACH FL 33140

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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 10/28/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	DUNAEVSKY, DOV	4409 ALTON ROAD	MIAMI BEACH FL 33140

12. 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 10/26/02

Daytime Phone # 305 532-9551

Typed or printed name of signing Managing Member/Manager

DOV DUNAEVSKY

CR2E084 (8/02)