

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L 0000000 9641**

1. Limited Liability Company's Name

D, E & P BUILDERS LLC

REINSTATEMENT 2001

2. Principal Office Address

388 RASPBERRY PATCH
Suite, Apt. #, etc.

3. Mailing Office Address

388 RASPBERRY PATCH
Suite, Apt. #, etc.

City & State

ROCHESTER NY.

City & State

ROCHESTER N.Y.

Zip

14612

Country

USA

Zip

14612

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

August 10, 2000

6. FEI Number

S8-2563425

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

**\$3.00 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

TROY B. HAFNER, Esq.

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

979 BEACHLAND BLVD.

Suite, Apt. #, Etc.

City

VERO BEACH, FL 32965

State

FL

Zip Code

32963

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 **10/29/01**

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

Pres. MICHAEL R. DALEY

388 RASPBERRY PATCH

ROCHESTER, NY 14612

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 **10/24/01**

Daytime Phone **(716) 218-6543**

Typed or printed name of signing Managing Member/Manager

MICHAEL R. DALEY