


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2008 APR 16 P 1:00

04/14/08 SECRETARY OF STATE
TALLAHASSEE FL 32304-25

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04/14/08--01046--020 **546.25
CR2E041 (12/07)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L00000013086

1. Limited Liability Company's Name

D & T PROPERTIES, L.C.

2. Principal Office Address - No P.O. Box # 1205 MANATEE AVENUE WEST Suite, Apt. #, etc.		3. Mailing Office Address 1205 MANATEE AVENUE WEST Suite, Apt. #, etc.	
City & State BRADENTON, FLORIDA		City & State BRADENTON, FLORIDA	
Zip 34205	Country U.S.A.	Zip 34205	Country U.S.A.

4. State/Country of Formation FLORIDA, U.S.A.	
5. Date Organized or Qualified To Do Business in Florida OCTOBER 25, 2000	
6. FEI Number 65-1049784	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name TIMOTHY A. KNOWLES, ESQ.			
Street Address (P.O. Box Number is Not Acceptable) 1205 MANATEE AVENUE WEST			
Suite, Apt. #, Etc.			
City BRADENTON	State FL	Zip Code 34205	

☐ 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]

REGISTERED AGENT MUST SIGN

Date 3/31/08

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	IAN M. THOMPSON	#7 COURTLANDS AVENUE	
		HAYES, BROMLEY	
		KENT BR2 7HY	
		UK	
REINSTATEMENT 06-08			

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

3/17/08

Daytime Phone # 011-44-208-642-6262

Typed or printed name of signing Managing Member/Manager **IAN M. THOMPSON**