

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB -8 AM 9:20

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000000707

1. Limited Liability Company's Name

DLM PROFESSIONAL SERVICE, LLC

2. Principal Office Address

4058-30th AVE. N

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

Zip

33713

Country

U.S.A.

3. Mailing Office Address

4058-30th AVE. N

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

Zip

33713

Country

U.S.A.

4. State/Country of Formation

FLORIDA / U.S.A.

5. Date Organized or Qualified
To Do Business in Florida.

JAN. 2001

6. FEL Number

59-3700070

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

DONNA L. MOSSBURG

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

4058-30th AVE. N

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State

FL

Zip Code

33713

REINSTATEMENT 02-05

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

Donna L. Mossburg

Date

1/14/05

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.	DONNA L. MOSSBURG	4058-30th AVE. N	ST. PETERSBURG, FL 33713
			300045034023 02/15/05--01041--006 **50.00
			300045034023 01/15/05--01052--016 **250.00

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

Donna L. Mossburg

Date

1/14/05

Daytime Phone #

727-528-2737

Typed or printed name of signing Managing Member/Manager

DONNA L. MOSSBURG

CR2E041 (10/02)