

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

02 NOV 14 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
REINSTATEMENT
L01000001721

DOCUMENT # L01000001721

1. Limited Liability Company's Name

DEP MARKETING, LLC

REINSTATEMENT

2002

2. Principal Office Address		3. Mailing Office Address	
425 EAST MCEWEN DRIVE		PO BOX 3319	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
OSPREY, FL		SARASOTA, FL	
Zip	Country	Zip	Country
34229	USA	34230	USA

4. State/Country of Formation	
FLORIDA	
5. Date Organized or Qualified To Do Business in Florida	
1/29/2001	
6. FEI Number	Applied For
65-1072688	Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name	
GEORGE V FAMIGLIO, JR, CPA	
Street Address (P.O. Box Number is Not Acceptable)	
1634 MAIN STREET	
Suite, Apt. #, Etc.	
City	
SARASOTA	
State	Zip Code
FL	34236

100009004061
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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

11/11/02

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	POTTS, DIANE E	425 EAST MCEWEN DRIVE	OSPREY, FL 342299

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

Diane E. Potts

Date

11-8-02

Daytime Phone #

941-957-0775

Typed or printed name of signing Managing Member/Manager

DIANE E. POTTS

CR2E041 (9/01)