

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR -2 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000007111

1. Limited Liability Company's Name

DESIRED DESIGN NETWORKS, LLC

900015030609

04/01/03 01035 027 200.00

2. Principal Office Address

7261 NW 20TH STREET

Suite, Apt. #, etc.

3. Mailing Office Address

7261 NW 20TH STREET

Suite, Apt. #, etc.

City &amp; State

SUNRISE FL

City &amp; State

SUNRISE FL

Zip

33313

Country

US

Zip

33313

Country

US

4. State/Country of Formation

FL / US

5. Date Organized or Qualified  
To Do Business in Florida

05/07/01

6. FEI Number

65-1099158

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

ANDREW D GREEN

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

7261 NW 20TH STREET

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33313

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

Date 04-02-03

REGISTERED AGENT MUST SIGN

## 10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ANDREW D GREEN	7261 NW 20TH STREET	SUNRISE FL 33313

REINSTATEMENT

2002-2003

B/K

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. This 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

04-02-03

Daytime Phone #

954-465-3234

Typed or printed name of signing Managing Member/Manager

ANDREW D GREEN