APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 2002

DOCUMENT # L01000008553

1. Limited Liability Company's Name

DEP SALES, LLC

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

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 5/28/2001

6. FEI Number: 65-1107732 ☐ 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: GEORGE V FAMIGLIO, JR, CPA

Street Address (P.O. Box Number Is Not Acceptable): 1634 MAIN STREET

400000300-1034
11/14/02--01063--002 **150.00

Suite, Apt. #, Etc.

City: SARASOTA, State: FL Zip Code: 34236

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

CR2E041 (9/01)

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
MRG	POTTS, DIANE E	425 EAST MCEWEN DRIVE	OSPREY, FL 34229
MRG	PALKO, CHARLES	425 EAST MCEWEN DRIVE	OSPREY, FL 34229

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 # 941-952-0225

Typed or printed name of signing Managing Member/Manager DIANE E. POTTS