PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 15 PM 1:02

12/10/16

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10/24/02--01015--009 **150.00

DOCUMENT # L01000008787

1. Limited Liability Company's Name
D & T Enterprises, LLC

2. Principal Office Address		3. Mailing Office Address	
2127 N. U.S. Rte. 1		2127 N. U.S. Rte. 1	
Suite, Apt. #, etc.		Suite, Apt.# etc.	
City & State: Brunell, FL		City & State: Brunell, FL	
Zip: 32110	Country:	Zip: 32110	Country:

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 6/2/2001

6. FEI Number: 65-1112301 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ [illegible]

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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: Margaret E Routzahn MARGARET E. ROUTZAHN Date: 10/15/02
REGISTERED AGENT MUST SIGN
Special Assistant Secretary

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
Manager	Daniel Beringer	2127 N. U.S. Rte. 1	Brunell, FL 32110
Member	Theodore A. Beringer	756 Mt. Pleasant Road	Bryn Mawr, PA 19010

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: Theodore A Beringer Date: 10/15/2002 Daytime Phone #: 856-793-5000

Typed or printed name of signing Managing Member/Manager: Theodore A. Beringer, Member