

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
2004 JUL 14 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000008875

1. Limited Liability Company's Name

Douglas C. Green, LLC

300031746763  
04/02/04--01057--002 \*\*150.00

2. Principal Office Address

433 Plaza Real

Suite, Apt. #, etc.

275

City & State

Boca Raton FL

Zip

33432

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL USA

5. Date Organized or Qualified  
To Do Business in Florida

6/01/01

6. FEI Number

05-1114449

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

Douglas C. Green

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

2848 NE 32nd St

Suite, Apt. #, Etc.

City

Lighthouse Pt, FL

State

FL

Zip Code

33064

500039682995  
07/29/04--01009--008 \*\*50.00

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

Douglas C. Green

REGISTERED AGENT MUST SIGN

Date

3/30/04

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	Douglas C. Green	2848 NE 32nd St	Lighthouse Pt, FL 33064

**REINSTATEMENT**

03-04 OK

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

Douglas C. Green

Date

3/30/04

Daytime Phone #

561-361-4803

Typed or printed name of signing Managing Member/Manager