

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 MAY 24 AM 8:05

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L01000009214

1. Limited Liability Company's Name
DWD CONSULTING LLC
3155 NW 82 AVE #101
MIAMI, FL 33122

2. Principal Office Address

3155 NW 82 AVE

Suite, Apt. #, etc.

#101

City & State

MIAMI, FL

Zip

33122

Country

DADE

3. Mailing Office Address

3155 NW 82 AVE

Suite, Apt. #, etc.

#101

City & State

MIAMI, FL

Zip

33122

Country

DADE

4. State/Country of Formation

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

65-1112775

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

THE DORAN JASON GROUP OF FLORIDA INC.

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

3155 NW 82 AVENUE

Suite, Apt. #, Etc.

101

City

MIAMI

200037343892

05/26/04--01053--004 **250.00

State
FL

Zip Code
33122

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 5/19/04

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
MGRM	DORAN A. JASON	3155 NW 82 AVE #101	MIAMI, FL 33122
MGRM	DWIGHT C. HEWITT	3155 NW 82 AVE #101	MIAMI, FL 33122

REINSTATEMENT

2002-04

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

[Signature]

Date

4/28/04

Daytime Phone #

305-592-7606

Typed or printed name of signing Managing Member/Manager

DWIGHT C. HEWITT