

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 APR -1 AM 7:38

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # LD1000009920

1. Limited Liability Company's Name

D.C. Subs LLC.

2. Principal Office Address

455-C NE 5th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Zip  
33483

Country  
USA

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

22-3839349

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

Gregory C McMenaman

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

226 SW 3rd Ave

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33435

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

*Gregory C McMenaman*

Date 2-4-04

REGISTERED AGENT MUST SIGN

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
MM	Gregory C McMenaman	226 SW 3rd Ave	Boynton Beach, FL 33435

REINSTATEMENT 2003-04

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

*Gregory C McMenaman*

Date 2-4-04

Daytime Phone # 561 276 8949

Typed or printed name of signing Managing Member/Manager

Gregory C McMenaman

CR2ED41 (10/02)