

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL -1 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000009998

1. Limited Liability Company's Name

D=MCZ, LLC

3421 POWERLINE RD

2. Principal Office Address

~~14507 W. 104th AVE~~

Suite, Apt. #, etc.

SUITE #2

City & State POMPANO BEACH

~~FLORIDA~~

Zip

33009

Country

USA

3. Mailing Office Address

7601 E. TREASURE CR

Suite, Apt. #, etc.

MARINA

City & State

MIAMI FL

Zip

33141

Country

FLORIDA, USA

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified

To Do Business in State 6-21-2001

6. FEI Number

65-111-5046

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

DAVID E MARTIN

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

7601 E TREASURE CR

Suite, Apt. #, Etc.

MARINA

City

MIAMI

State

FL

Zip Code

33141

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

Date 1-9-2001

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
MEM	DAVID MARTIN	7601 E. TREASURE CR	MARINA MIAMI FL
			33141
			800038546348
			07/07/04-01076-010 **255.00
			REINSTATEMENT 2002-2004

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

Date 1-9-2004

Daytime Phone# 305-283-4459

Typed or printed name of signing Managing Member/Manager