PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 14 AM 10:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L01000011698

1. Limited Liability Company's Name
DeFcon Development LLC

1/14 2003-2004 MJM

2. Principal Office Address		**3.** Mailing Office Address	
16211 130th Ave. N.		16211 130th Ave. N.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Jupiter, FL		City & State: Jupiter, Fl	
Zip: 33478	Country: USA	Zip: 33478	Country: USA

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 07/17/2001

6. FEI Number: 52-2013247 ☐ 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: Bonnie DeFazio

500026901675
01/14/04--01012--019 **25.00

Street Address (P.O. Box Number is Not Acceptable): 16211 130th Ave. N.

Suite, Apt. #, Etc.:

City: Jupiter | State: FL | Zip Code: 33478

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: Bonnie D DeFazio Date: 01/04/2004
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
Mgr	Samuel G. DeFazio	16211 130th Ave. N.	Jupiter, Fl. 33478

REINSTATEMENT 2003-2004

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: Samuel G. DeFazio Date: 01/04/2004 Daytime Phone #: 561-744-2129

Typed or printed name of signing Managing Member/Manager: Samuel G. DeFazio