

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
SECRETARY  
DIVISION OF CORPORATIONS

**L01000015601**

FILED

02 DEC 11 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000015601

Name and Mailing Address

0010618 01 FP 0.352 \*\*PRSR H9 0 0615 34761-191304



D&G DISTRIBUTION, LLC  
904 RUSSELL COURT  
OCOEE FL 34761-1913



CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 904 RUSSELL COURT OCOEE FL 34761		5. Date Organized or Qualified To Do Business in Florida 09/10/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3751283	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent MASHBURN, ERIC S ESQ. 102 EAST MAPLE STREET WINTER GARDEN FL 34787		9. Name and Address of New Registered Agent Name: William Duquette Street Address (P.O. Box Number is Not Acceptable): 904 Russell Ct. City: Ocoee, FL Zip: 34761	
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10. 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: William Duquette Date: 10-30-02  
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	DUQUETTE, WILLIAM	904 RUSSELL COURT	OCOEE FL 34761
			900009464769 12/11/02--01026--007 **150.00
<b>REINSTATEMENT</b> <u>De</u>			

12. 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: William Duquette Date: 10-31-09 Daytime Phone #: 407-