

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG -9 PM 1:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L02000003917

1. Limited Liability Company's Name

DBG Global Investments L.L.C

2. Principal Office Address

1650 Latham unit 5

Suite, Apt. #, etc.

unit 5

City & State

West Palm Beach FL

Zip

33409

Country

Palm Beach

3. Mailing Office Address

1485 Bear Island

Suite, Apt. #, etc.

City & State

WPB Florida

Zip

33409

Country

Palm Beach

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2

2-18-02

6. FEI Number

L02000003917

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Dewey Briggs Gosselin

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

1485 Bear Island

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33409

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 7-5-04

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
MGR	Dewey B Gosselin	1485 Bear Island	WPB FL 33409
			8003- REINSTATEMENT 8004-

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 7-5-04

Daytime Phone # 561-309-9973

Typed or printed name of signing Managing Member/Manager Dewey B. Gosselin

CR2ED41 (9/01)