

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L02000009268**

1. Limited Liability Company's Name

**D&L, LLC**

2. Principal Office Address - No P.O. Box #

**2335 State Hwy 265**

Suite, Apt. #, etc.

**Suite 300**

City & State

**Branson, MO**

Zip

**65616**

Country

**USA**

3. Mailing Office Address

**2335 State Hwy 265**

Suite, Apt. #, etc.

**Suite 300**

City & State

**Branson, MO**

Zip

**65616**

Country

**USA**

4. State/Country of Formation

**Florida**

5. Date Organized or Qualified  
To Do Business in Florida

**April 18, 2002**

6. FEI Number

**01-0691278**

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

**Julie W. Kronhaus**

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

**2471 Aloma Avenue**

**1936 Howell Branch Road**

Suite, Apt. #, Etc.

**Suite 101**

City

**Winter Park**

State

**FL**

Zip Code

**32792**

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date

**6/26/09**

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
MGRM	Richard Douglas Stiff	2335 State Hwy 265, Suite 300	Branson, MO 65616
MGRM	Laura W. Stiff	2335 State Hwy 265, Suite 300	Branson, MO 65616

**REINSTATEMENT**

**2003-09**

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

**6/26/09**

Daytime Phone #

**(417) 294-7106**

Typed or printed name of signing Managing Member/Manager

**Richard Douglas Stiff**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2072  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 8, 2009

D&L, LLC  
2335 STATE HWY 265, SUITE 300  
BRANSON, MO 65616

SUBJECT: D & L, LLC  
Ref. Number: L02000009268

We have received your document for D & L, LLC and your check(s) totaling \$976.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 409A00023361