

05/07/2004
05/03/2004

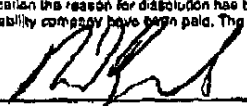
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NO. 259 002
NO. 130

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 MAY -7 AM 9:27

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L020000010899			
1. Limited Liability Company's Name DOUBLE BOTTOM LINE, LLC			
2. Principal Office Address 1021 SE 7TH STREET		3. Mailing Office Address 1021 SE 7TH STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FORT LAUDERDALE, FL		City & State FORT LAUDERDALE, FL	
Zip 33301	Country USA	Zip 33301	Country USA
4. State/Country of Formation FLORIDA/USA		5. Date Organized or Qualified To Do Business in Florida 7/26/02	
6. FEI Number		☒ Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☒		33.00 Reinstatement Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name DAVID ZWICK			
Street Address (P.O. Box Number is Not Acceptable) 1021 SE 7TH STREET			
Suite, Apt. #, Etc.			
City FORT LAUDERDALE		State FL	Zip Code 33301
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 609, F.S. Signature of Registered Agent  Date 5/30/04 REGISTERED AGENT MUST SIGN			
10. Name and Street Address of Managing Member/Manager			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	DAVID ZWICK	1021 SE 7TH STREET	FORT LAUDERDALE, FL 33301
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 609, 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 609.408, 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 5/30/04 Daytime Phone # Typed or printed name of signing Managing Member/Manager DAVID ZWICK			

REINSTATEMENT 03-04 

((H04000100682 3)))

Florida Department of State
Division of Corporations
Public Access System

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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

DOUBLE BOTTOM LINE, LLC

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