

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FLA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 23 PM 1:01

WL
09/30/04

DOCUMENT # L02000012048

1. Limited Liability Company's Name

DV, LLC

REINSTATEMENT 2003-2004

400041366654
09/27/04--01046--004 **100.00

2. Principal Office Address

763 ALTERNATE A1A

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

JUPITER, FL

City & State

Zip

33477

Country

US

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

5/17/2002

6. FEI Number

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

MICHAEL S. SINGER, ESQ.

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

3801 PGA BOULEVARD

Suite, Apt. #, Etc.

SUITE 604

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

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

Date

REGISTERED AGENT MUST SIGN

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	DEBBIE VIENS	763 ALTERNATE A1A	JUPITER, FL 33477

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

9/23/04

Daytime Phone #

744-2905

Typed or printed name of signing Managing Member/Manager

DEBBIE VIENS, MANAGING MEMBER

CR2E041 (10/02)

242

DEBORAH VIENS
763 ALTERNATE A1A
JUPITER, FLORIDA 33477

August 6, 2004

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP 23 PM 1:02

Re: DV, LLC

Dear Sir or Madam:

Enclosed please find a Limited Liability Company Reinstatement Form for the above-referenced entity. I have enclosed my check for the amount of \$100.00 for the annual report fees for 2003 and 2004 but ask that you waive the \$100.00 reinstatement fee as I have never received an annual report notice from your office.

Thank you for your time and assistance.

Very truly yours,


DEBBIE VIENS