PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. IMITED LIABILATY COMPANY ARY OF STA 04 JUN -7 PM 12 55 DOCUMENT # L02000014379 1. Limited Liability Company's Name 106/10/04 DAFR GROUP, LLC REINSTATEMENT 2003-2004 2. Principal Office Address POB 14154 4. State/Country of Formation Suite, Apt. #, etc. 5. Date Organized or Qualified To Do Business in Florida 6-7-2002 City & State City & State Applied For CLEARWATER, FL Not Applicable Country \$5.00 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status 8. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)
4353 DEWEY DEIVE 600037719816 06/07/04--01028--002 **200. Suite, Apt. #, Etc. 2ip Code 34652 CHY NEW PORT PICHEY ed limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. 9. I, being appointed the registered agent of the appro-6-3-04 Signature of Registered Agent REGISTÈRED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of Managing Members/Managers Titles City / State / Zip 4353 DEWEY DRIVE NEW POCT RICHEY MOW NEW PORT LICHEY, FL34657 HŒ DEWEY TIRIVE 2003-REINSTATEMEN 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 Typed or printed name of signing Managing Member/Manager