

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 21 AM 11:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MDH

DOCUMENT # L02000015211

1. Limited Liability Company's Name

THE DALMOLIN GROUP, LLC

600039378306

07/21/04--01036--003 **200.00

7/21

2. Principal Office Address

1500 Bay Road

3. Mailing Office Address

1500 Bay Road

Suite, Apt. #, etc.

Suite 614

Suite, Apt. #, etc.

Suite 614

City & State

Miami Beach, Florida

City & State

Miami Beach, Florida

Zip

33139

Country

U.S.

Zip

33139

Country

U.S.

4. State/Country of Formation

Florida USA

**5. Date Organized or Qualified
To Do Business in Florida**

6/18/02

6. FEI Number

55-0814978

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

Jonathan J. Lichtman, P.A.

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

120 E. Palmetto Park Road

Suite, Apt. #, Etc.

Suite 100

City

Boca Raton

State
FL

Zip Code
33432

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 **7/8/04**

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.	Justin DalMolin	1500 Bay Road	Miami Beach, FL 33139

REINSTATEMENT

2003
2004

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

7/11/04

Daytime Phone# **305-357-5576**

Typed or printed name of signing Managing Member/Manager **Justin DalMolin, Manager**

CR2041 (10/02)