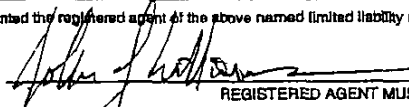
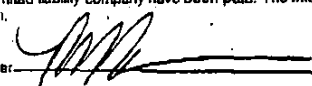


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000015876			
1. Limited Liability Company's Name D. C. Brands LLC			
2. Principal Office Address - No P.O. Box # 9500 W. 49th Ave.		3. Mailing Office Address 9500 W. 49th Ave.	
Suite, Apt. #, etc. Suite A-100		Suite, Apt. #, etc. Suite A-100	
City & State Wheatridge, CO		City & State Wheatridge, CO	
Zip 80033	Country USA	Zip 80033	Country USA
4. State/Country of Formation Colorado			
5. Date Organized or Qualified To Do Business in Florida 6/24/02			
6. FEI Number 320027337		Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required for a Certificate of Status			
☐ 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.			
8. Name and Address of Current Registered Agent			
Name Agents and Corporations, Inc			
Street Address (P.O. Box Number is Not Acceptable) 300 Fifth Avenue South			
Suite, Apt. #, Etc. Suite 101-300			
City Naples		State FL	Zip Code 34102
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 9/25/07	
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
Mgr.	Richard Pearce	9500 W. 49th Ave., Ste. A-100	Wheatridge, CO 80033
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 9-6-07 Daytime Phone# 303 279 3800	
Typed or printed name of signing Managing Member/Manager			

FILED

07 OCT -9 PM 2:55

SECRET
TALLAHASSEE, FLORIDA
09/27/07--01037--020--**255.00

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REINSTATEMENT

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