

L02000015876

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : AGENTS AND CORPORATIONS, INC
Account Number : 120010000112
Phone : (302) 575-0875
Fax Number : (302) 575-0925

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.*

Email Address: _____

LIMITED LIABILITY REINSTATEMENT

D C BRANDS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$377.50

C. LEWIS

DEC 22 2009

EXAMINER

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

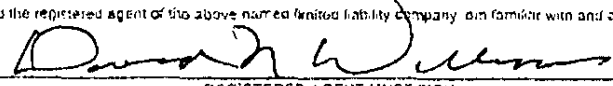
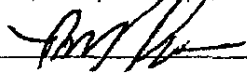
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L020000015876 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 D-106		Suite, Apt. #, etc. Suite D-106	
City & State Wheat Ridge, CO		City & State Wheat Ridge, 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. FBI Number 320027337		Apply 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 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			
☐ 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			
9. I, being appointed the registered agent of the above named limited liability company, do familiar with and accept the obligations of Chapter 606, F.S. Signature of Registered Agent  Date 12/21/09 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers Title Name of Managing Member/Manager Street Address of Each Managing Member/Manager City / State / Zip Mgr. Richard Pearce 9500 W. 49th Ave., Ste D-106 Wheat Ridge, CO 80033			
REINSTATEMENT -08-09			
11. E-mail Address: _____			
12. I certify that I am managing member/manager or the creator or trustee empowered to execute this application as provided for in Chapter 606, 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 12/18/09 Daytime Phone # 303-279-3800 Typed or printed name of signing Managing Member/Manager _____			

C.S.