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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 : I20010000112
Phone : (302)575-0875
Fax Number : (302)575-0925

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TALLAHASSEE, FLORIDA

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Email Address: _____

LIMITED LIABILITY REINSTATEMENT
D C BRANDS, LLC

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

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2009 DEC 21 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000015876

1. Limited Liability Company's Name

D.C. Brands LLC

CR2E041 (11/00)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
9500 W. 49th Ave	9500 W. 49th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite D-106	Suite D-106
City & State	City & State
Wheat Ridge, CO	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. FEI Number: 320027337 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $8.00 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, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Donald R Williams Date: 12/21/09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	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: (To be used for future annual report notification)

12. 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: 12/18/09 Daytime Phone #: 303-279-3800

Typed or printed name of signing Managing Member/Manager:

C.L.