


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 10 AM 10:01

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000017503

1. Limited Liability Company's Name
D&C BOYER LLC

2. Principal Office Address 17 EDISON LANE		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PALM COAST FL		City & State	
Zip 32164	Country	Zip	Country

CR2E041 (8/05)

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida **7/11/02**

6. FEI Number
20-47-0875607

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
DANE F BOYER

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

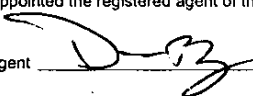
Suite, Apt. #, Etc.

City
PALM COAST

State
FL

Zip Code
32164

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.

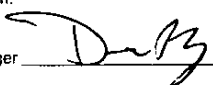
Signature of Registered Agent  Date **8/1/06**

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
MGRM	DANE BOYER	17 EDISON LANE	PALM COAST FL 32164

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 **8/1/06** Daytime Phone # **904-237-0823**

Typed or printed name of signing Managing Member/Manager **DANE BOYER**

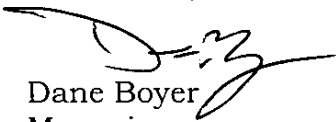
August 1, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee Fl 32314

The attached reinstatement form for D&C Boyer LLC is being submitted at this time due to the fact I did not receive any notices regarding the annual registration of this LLC. I was not aware of any annual report filings since establishing this LLC.

In accordance with instructions received from Division of Corporations regarding reinstatement, please accept this form with a check for \$200.00 attached. The past due registrations are for 2003, 2004, 2005 and 2006.

Thank You,


Dane Boyer
Managing manager