

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 10 AM 10:01

DOCUMENT # L02000017503

1. Limited Liability Company's Name

D&C BOYER LLC

2. Principal Office Address

17 EDISON LANE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

PALM COAST FL

City & State

Zip

32164

Country

Zip

Country

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

CR2E041 (8/05)

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

8/1/06

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

[Signature]

Date

8/1/06

Daytime Phone #

904-237-0823

Typed or printed name of signing Managing Member/Manager

DANE BOYER

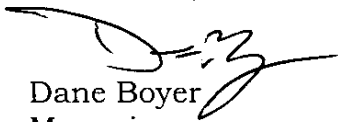
August 1, 2006

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