

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

10 AUG -2 AM 9:36

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CR2E041 (05/10)

DOCUMENT # L02000017503

1. Limited Liability Company's Name

D&C Boyer, LLC

2. Principal Office Address - No P.O. Box #

17 Edison Lane

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Coast, FL

City & State

Zip

32164

Country

United States

Zip

Country

4. State/Country of Formation

Florida, United States

5. Date Organized or Qualified To Do Business in Florida

7/11/02

6. FEI Number

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 Boyer

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

17 Edison Lane

Suite, Apt. #, Etc.

City

Palm Coast

State

FL

Zip Code

32164

100183864081
08/02/10--01006--004 **\$60.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

Signature of Registered Agent

Date July 30, 2010M

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Names of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Dane Boyer	17 Edison Lane	Palm Coast, FL 32164

REINSTATEMENT 07-10
08-2-10

11 E-mail Address DaneBoyer@gmail.com

(To be used for future annual report notifications)

12 I certify that I am managing member/manager or the receiver 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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager Dane Boyer