

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR - 1 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L020000018260

1. Limited Liability Company's Name

D & D Resources, LLC

2. Principal Office Address

2807 S.W. 15TH AVE.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

Zip

33315

Country

USA

3. Mailing Office Address

2807 S.W. 15TH AVE.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

Zip

33315

Country

USA

4. State/Country of Formation

FLORIDA / USA

**5. Date Organized or Qualified
To Do Business in Florida**

July 18, 2002

6. FEI Number

27-0023651

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

DOMINICK CASALE

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

2807 S.W. 15TH AVE.

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33315

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

Daniel Calhoun

Date 3/28/05

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
MGR	DOMINICK CASALE	2807 S.W. 15TH Avenue	FORT LAUDERDALE, FL 33315
MGRM	BARBARA CASALE	2807 S.W. 15TH Avenue	FORT LAUDERDALE, FL 33315

600049826456

04/04/05--01081--012 **250.00

REINSTATEMENT 2003-05

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

Daniel Calhoun

Date 3/28/05

Daytime Phone # 951-525-9664

Typed or printed name of signing Managing Member/Manager

Dominick CASALE