

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 MAY 10 PM 3:12

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

000035808670
05/10/04--01055--025 **200.00

DOCUMENT # LD2000031068

1. Limited Liability Company's Name

DOUGLASS AND PURCELL PROPERTIES

2. Principal Office Address

355 SW 13 AVE

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33069

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FLORIDA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

11/19/02

6. FEI Number

571155410

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

ROLAND W. DOUGLASS

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

355 S.W. 13 AVE

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33069

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

5/4/04

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	ROLAND W. DOUGLASS	355 S.W. 13 AVE	Pompano Beach, FL 33069
MGR	DENNIS PURCELL	355 S.W. 13 AVE	Pompano Beach, FL 33069

REINSTATEMENT 2003-04-08

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

5/4/04

Daytime Phone #

954-782-3150

Typed or printed name of signing Managing Member/Manager

DENNIS PURCELL

CR2ED41 (10/02)