PERECEAD UP IS SUSTING FIFE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE DIVISION OF CORPORATIONS

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DOCUMENT	- # ì	_0300000301
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1. Limited Liability Company's Name

DETONE ENTERPRISES LLC

							0000044	(1407)	
2. Principa	rincipal Office Address - No P.O. Box # 3. Mailing Office Address					CR2E041 (1/07)			
	S. Mc CALL RD.		19 MEDALIST WAY			4. State/Country of Formation			
Suite, Apt. #		Suite, Apt. #,	etc.			5. Date Organized or Qualified To Do Business in Florida (2) / 100 Z			
City & State		City & State				TO DO BUSII	ness in Fiorida 01	103/20	×0.3
ENG	LEWUND, FL	ROTUN	DA WEST, FL			6. FEI Numbe	ır	<u> </u>	Applied For Not Applicable
34 3	24 Charlotte	339.4	[7	Chalutte	e	7. CERTIFICATE	OF STATUS DESIRED	\$5.00 Addit	tional Fee required tificate of Status
8. Name and Address of Current Registered Agent									
Name ANTHONY D. DOWNIE Street Address (P.O. Box Number is Not Acceptable) 19 MCDQUST WAY Suite, Apt. #, Etc. City City Cutwo A W State Zip Code FL 33947						A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.			
C:t	appointed the registered agent of the a	bove named limite			vith and a	accept the obligati	ons of Chapter 608, F.:	_	7
10. Name	es and Street Addresses of Managing M	embers/Managers							
Titles	Name of Managing Members/Managers			Street Address of Each Managing Member/Manager			City / State / Zip		
merm	ANTHONY O. DOWNIE			19 MEDALIST WAY ROTUNDAW, FL 33947			ROTUNDAW, FL 33947		
MORM	DIANE M. SC	hmetz	_	19 MEDALIST WAY			RUTUNDA W, FL 3394		33947
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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 filling this reinstatement application the reason for dissolution has been eliminated, the limited fiability company name satisfies the requirements of section 608.406, F.S., and that dll 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.

Managing Member/Manager

Huttony)

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Date 6/28/07

Daytime Phone # 239 218 1763

Typed or printed name of signing Managing Member/Manager _