

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000000611

1. Limited Liability Company's Name

DUCKS IN A ROW ENTERPRISES, LLC

W07-50190

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

5350 McIntosh Rd.

Suite, Apt. #, etc.

#1

City & State

Sarasota, FL

Zip

34233

Country

USA

3. Mailing Office Address

7210 Hawkins Rd.

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34241-9373

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

01/07/2003

6. FEI Number 161649117

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

B. Name and Address of Current Registered Agent

Name Jefferson F. Riddell, Esq.

Street Address (P.O. Box Number is Not Acceptable) 3400 S. Tamiami Trail

Suite, Apt. #, Etc.

Suite 202

City

Sarasota

State

FL

Zip Code

34239

☐ 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.

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 9/26/07

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	Donald Lagasse	7210 Hawkins Rd.	Sarasota, FL 34241

REINSTATEMENT
W/P 2006-2007
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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 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 9-28-07

Daytime Phone# 941 922 8145

Typed or printed name of signing Managing Member/Manager

DONALD G. LAGASSE