

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10-1-04
250.00

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL 21 AM 11:19

DOCUMENT # L03000007725

1. Limited Liability Company's Name

DAB Consultants LLC.

CR2E041 (8/05)

2. Principal Office Address

4017 TURQUOISE TR

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

WESTON FL

City & State

Zip

33331

Country

BROWARD

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6/2/2006

6. FEI Number

20-4971286

☒ 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

DEBORAH A BERTINI

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

4017 TURQUOISE TRAIL

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33331

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

Date

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	DEBORAH A BERTINI	4017 TURQUOISE TRAIL	WESTON FL 33331
			900078270759 08/02/06--01033--013 **250.00
			REINSTATEMENT 04-06

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

Date 6/02/2006

Daytime Phone # 954-838-1838

Typed or printed name of signing Managing Member/Manager DEBORAH A BERTINI