

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 20 AM 10:54

DOCUMENT # L03000009757

1. Entity Name
HYBRID DNA LLC



Principal Place of Business
5600 SW 118 AVE
MIAMI, FL 33183

Mailing Address
5600 SW 118 AVE
MIAMI, FL 33183

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10112005 REIN-LLC CR2E101 (6/04)

City & State

City & State

4. FEI Number
32-0076701

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, IRIS
7710 SW 98 ST, APT. 19
MIAMI, FL 33156

Name: Dashaina R Gibbs
Street Address (P.O. Box Number is Not Acceptable)

3370 NE 13 Circle Dr. #106

City Homestead

FL

Zip Code 33033

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Dashaina R Gibbs

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 10/11/05

FILE NOW!!! FEE IS \$50.00
After January 1, 2006, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME TIERNEY, DELORES R MGR
STREET ADDRESS 143 HERNANDO
CITY-ST-ZIP HERNANDO, FL 33176

TITLE ☐ Change ☐ Addition
NAME 100060834541
STREET ADDRESS 10/20/05--01065--003 **50.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **REINSTATEMENT** 20x

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Dashaina R Gibbs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

10/11/05

Daytime Phone #