

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 21 AM 11:48

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L03000011035

1. Limited Liability Company's Name

Dart Solution Partners LLC

2. Principal Office Address

3403 NW 9th Ave

Suite, Apt. #, etc.

401

City & State

Ft Lauderdale

Zip

33309

Country

US

3. Mailing Office Address

3403 NW 9th Ave

Suite, Apt. #, etc.

401

City & State

Ft Lauderdale

Zip

33309

Country

US

CR2E041 (8/05)

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 10/1-04

6. FEI Number

41-2086854

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

~~Steve Kwon~~ Marcus Magnusson

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

~~361 17th St Unit 2502~~ 5715 NE Verde Circle

Suite, Apt. #, Etc.

~~361 17th St Unit 2502~~

City

Boca Raton

State

FL

Zip Code

~~33487~~ 33487

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

4/7-06

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
President	Steve Kwon	361 17th St Unit 2502	Atlanta, GA 30363
Vice President	Marcus Magnusson	5715 NE Verde Cir Boca	Boca Raton, FL 33487

100078270571
08/02/06 01033 000 **5.00

100078270571
08/02/06 01033 000 **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

[Signature]

Date

4/24/06

Daytime Phone #

561-843-6900

Typed or printed name of signing Managing Member/Manager

Marcus Magnusson