PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR 17 AM 8:31

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000021223

1. Limited Liability Company's Name
DAMCO GROUP, LLC

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
4521 PGA BLVD	
Suite, Apt. #, etc. SUITE 166	Suite, Apt. #, etc.
City & State PALM BEACH GARDENS, FL	City & State
Zip 33418 / Country USA	Zip / Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number ☐ 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: NEWTON, DRAGICA
Street Address (P.O. Box Number is Not Acceptable): 4521 PALM BEACH GARDENS
Suite, Apt. #, Etc.: SUITE 166
City: PALM BEACH GARDENS | State: FL | Zip Code: 33418

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 X [signature] Date 3-10-06
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
MGRM	NEWTON, DRAGICA	4521 PGA BLVD - SUITE 166	PALM BEACH GARDENS, FL 33418
MGRM	MILETA, SLAVEN	4521 PGA BLVD - SUITE 166	PALM BEACH GARDENS, FL 33418
		500069051405 03/30/06--01038--025 **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 X [signature] Date 3-10-06 Daytime Phone # 561-601-3173

Typed or printed name of signing Managing Member/Manager X DRAGICA NEWTON