

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 21 PM 1:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **L03000021223**

1. Limited Liability Company's Name

DAMCO GROUP, LLC

400150940934
04/17/09--01004--020 **416.25
CR2E041 (10/08)

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

119PS SOUTHERN BLVD.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ROYAL PALM BEACH, FL

City & State

Zip
33411

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)
119PS SOUTHERN BLVD.

Suite, Apt. #, Etc.

City **ROYAL PALM BEACH**

State
FL

Zip Code
33411

☒ 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 **4-14-2009**

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
MEM	NEWTON DRAGICA	119PS SOUTHERN BLVD.	ROYAL PALM BEACH, FL 33411
MEM	MILETA, SLAVEN	119PS SOUTHERN BLVD.	ROYAL PALM BEACH, FL 33411

REINSTATEMENT 07-09

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

4-15-2009

Daytime Phone #

561-792-3774

Typed or printed name of signing Managing Member/Manager

DRAGICA NEWTON