

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 14 AM 9:31

DOCUMENT # **L03000022452**

1. Limited Liability Company's Name

DEZING, LLC

CR2E041 (8/05)

2. Principal Office Address

2499 Glades Road

Suite, Apt. #, etc.

313

City & State

Boca Raton FL

Zip

33431

Country

US

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6/19/2003

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

R. Amy Blum Marks

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

2499 Glades Road

Suite, Apt. #, Etc.

313

City

Boca Raton

State

FL

Zip Code

33431

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

R. Amy Blum Marks
REGISTERED AGENT MUST SIGN

Date **11/07/2006**

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	Steven Levine	2499 Glades Rd #313	Boca Raton FL 33431
		Boca Raton FL 33431	

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11/14/06--01061--009 **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

Steven Levine

Date **11/07/2006**

Daytime Phone # **954-303-4044**

Typed or printed name of signing Managing Member/Manager **Steven Levine**