

PLEASE READ ALL INSTRUCTIONS' BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000034306

1. Limited Liability Company's Name

D & V INVESTMENTS, LLC.

600189329586
01/26/11--01003--008 **138.75

600189329586
01/04/11--01017--020 **377.50

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 248 E. BOCA RATON RD.		3. Mailing Office Address C/O F. BARTHE 1 E. BROWARD BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 700	
City & State BOCA RATON, FL		City & State FORT LAUDERDALE, FL	
Zip 33432	Country USA	Zip 33301	Country USA

4. State/Country of Formation FLORIDA, USA	
5. Date Organized or Qualified To Do Business in Florida 09/10/2003	
6. FEI Number 200292845	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Frederic Barthe PA			
Street Address (P.O. Box Number is Not Acceptable) 1 E. Broward Blvd.			
Suite, Apt. #, Etc. 700			
City Fort Lauderdale	State FL	Zip Code 33301	

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

REGISTERED AGENT MUST SIGN

Date **12/29/2010**

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
MGR	D & V MANAGEMENT, LLC.	C/O F.BARTHE, 1 E. BROWARD BLVD. #700	FORT LAUDERDALE, FL 33301

REINSTATEMENT
09-2011 JB

11. E-mail Address: **fmb@barthe-leigh.com**

(To be used for future annual report notifications)

12. 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

Date **12/29/2010**

Daytime Phone # **954-523-5555**

Typed or printed name of signing Managing Member/Manager **Frederic M. Barthe**