

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

07 JAN 25 AM 9:12

DOCUMENT # **L03000042685**

1. Limited Liability Company's Name **DBR Products, LLC**
8501 Belfry Place
Port St. Lucie, Florida
34986

500086823255
01/31/07--01049--023 **205.00
CR2E041 (1/07)

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

8501 Belfry Place
Suite, Apt. #, etc.

Port Saint Lucie

City & State

Florida

Zip

34986

Country

USA

3. Mailing Office Address

DBR Products LLC

Suite, Apt. #, etc.

P.O. Box 1315

City & State

Jensen Beach, Fla

Zip

34958

Country

USA

4. State/Country of Formation

Florida / United States

5. Date Organized or Qualified
To Do Business in Florida

10/01/2004

6. FEI Number

800034380

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

David Pettinga

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

8501 Belfry Place

Suite, Apt. #, Etc.

City

Port Saint Lucie - West

State

FL

Zip Code

34986

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 **1-22-06**

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
MANAGING MEMBER	David Pettinga	8501 Belfry Place	Port Saint Lucie, FLA 34986
MANAGING MEMBER	Bonnie Pettinga	8501 Belfry Place	Port Saint Lucie FLA 34986
MEMBER	Robert Castino Sr	9242 Tavistock	Plymouth, Michigan 48170
			04-07

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 **1/22/06**

Daytime Phone # **772-631-5812**

Typed or printed name of signing Managing Member/Manager

Bonnie Pettinga

734-778-0000