

FILED

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

CR2E041 (1/07)

#### 4. State/Country of Formation

FL. U.S.A.

**5. Date Organized or Qualified To Do Business in Florida**

12.9.2003

## 6. FEI Number

32-0099925

Applied For

Not Applicable
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**7. CERTIFICATE OF STATUS DESIRED** ☐

**\$5.00 Additional Fee required  
for a Certificate of Status**

**8. Name and Address of Current Registered Agent**

**Noma**

NATHAN W. GIFFEY

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

1939 11th St. West

Suite, Apt. #, Etc.

City Palmetto

State <b>FL</b>	Zip Code <b>34221</b>
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☒ 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

is the registered agent of the above named limited liability company

Date 9/18/07

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
MGR	Coffey, Nathan W.	1989 11 <sup>th</sup> St. West	Palmetto, FL 34221

09-09-2004 90072 035 \*\*\*\*50.00  
L03000048954

# REINSTATEMENT

900101874533  
05/09/07--01006--016 \*\*\*E1.00

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 ~~Y~~ *Same Person*  
 Managing Member/Manager

Date \_\_\_\_\_ Daytime Phone# \_\_\_\_\_

Typed or printed name of signing Managing Member/Manager

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000109132

Entity Name: DYANN MARSEILLE, INC.

FILED  
Apr 21, 2007  
Secretary of State

## Current Principal Place of Business:

4120 SOUTH OCEN BLVD., UNIT 3  
HIGHLAND BEACH, FL 33487

## New Principal Place of Business:

4210 SOUTH OCEAN BLVD.  
UNIT 3  
HIGHLAND BEACH, FL 33487

## Current Mailing Address:

4120 SOUTH OCEN BLVD., UNIT 3  
HIGHLAND BEACH, FL 33487

## New Mailing Address:

4210 SOUTH OCEAN BLVD.  
UNIT 3  
HIGHLAND BEACH, FL 33487

FEI Number: 74-3151261

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCCARTHY, WILLIAM ESQ.  
2263 N.W. 2ND AVENUE SUITE 211  
BOCA RATON, FL 33431 US

## Name and Address of New Registered Agent:

LANGELLA, DYANN  
4210 SOUTH OCEAN BLVD.  
UNIT 3  
HIGHLAND BEACH, FL 33487 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DYANN LANGELLA

04/21/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LANGELLA, DYANN  
Address: 4120 SOUTH OCEN BLVD., UNIT 3  
City-St-Zip: HIGHLAND BEACH, FL 33487

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: LANGELLA, DYANN  
Address: 4210 SOUTH OCEAN BLVD., UNIT 3  
City-St-Zip: HIGHLAND BEACH, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DYANN LANGELLA

PRES

04/21/2007

Electronic Signature of Signing Officer or Director

Date

The corporation has indicated in accordance with s. 607.193(2)(b), F.S., it did not receive the prior notice. They have requested the late fee be waived.