


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 JUN 13 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L04000010331

1. Limited Liability Company's Name

DKS Investments, LLC

BK

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 12430 Bellingrath		3. Mailing Office Address 12430 Bellingrath	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Carmel, IN		City & State Carmel, IN	
Zip 46033	Country USA	Zip 46033	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 2/6/04	
6. FEI Number 20-0705258	Applied For <input type="checkbox"/> Not Applicable

8. Name and Address of Current Registered Agent	
Name NRAI Services, Inc.	
Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive	
Suite, Apt. #, Etc. Suite 4	
City Weston	State FL Zip Code 33331

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status

☐ 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 *by: Gretta A. McCool, Asst. Sec.*
REGISTERED AGENT MUST SIGN

Date **6-12-2007**

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
<i>mgrm</i>	Michael J. Garvey	12430 Bellingrath	Carmel, IN 46033

REINSTATEMENT 2005-2007

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06/21/07--01011--021 **20.00

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 Managing Member/Manager *Michael J. Garvey*
Typed or printed name of signing Managing Member/Manager **Michael Garvey**

Date **6/12/07**

Daytime Phone # **317-575-3125**