


TOTAL P.03

H060001339063

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2006 MAY 11 A 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L04000012957			
1. Limited Liability Company's Name D2 Group LLC			
2. Principal Office Address 1435 West Ave #2 Suite, Apt. #, etc.		3. Mailing Office Address 1435 West Ave #2 Suite, Apt. #, etc.	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33139	Country U.S.	Zip 33139	Country U.S.
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 2/17/2004	
6. FEI Number 51-0512534		<input checked="" 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 Business Filings Incorporated			
Street Address (P.O. Box Number is Not Acceptable) 1203 Governors Square Blvd.			
Suite, Apt. #, Etc. Suite 101			
City Tallahassee		State FL	Zip Code 32301
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 <u>M. Seif</u> Date <u>5/15/06</u> 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
Managing Member	Adan Fons	1435 West Ave #2	Miami, Florida 33139
Managing Member	Kristi Fons	1435 West Ave #2	Miami, Florida 33139
REINSTATEMENT 05/10/06			
TAL			
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 608.408, 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 <u>Adan Fons</u> Date <u>5/18/06</u> Daytime Phone # <u>308.321.5616</u> Typed or printed name of signing Managing Member/Manager <u>Adan Fons, Managing Member</u>			

L040000/2957

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

D2 GROUP LLC

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