PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2017 MAR 17 PM 3:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L04000016685

1. Limited Liability Company's Name

DDC, LLC

REI - 2014 - 2017

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1696 Old Bartow Rd	1696 Old Bartow Rd
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: Lake Wales FL	City & State: Lake Wales FL
Zip: 33859 Country: USA	Zip: 33859 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 02/23/2004

6. FEI Number: 16-1692938 ☐ 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: Vivian Dianna Baynard Fulmer

Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.: 1696 Old Bartow Rd

City: Lake Wales State: FL Zip Code: 33859

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M. MILLIGAN
MAR 17 2017

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Vivian Dianna Baynard Fulmer Date: 03-14-17
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Vivian Dianna Baynard Fulmer	1696 Old Bartow Rd	Lake Wales FL 33859
MGR	Ashley Daniel Baynard	1696 Old Bartow Rd	Lake Wales FL 33859
MGR	Susan Christie Baynard Greskowitz	1696 Old Bartow Rd	Lake Wales FL 33859

11. E-mail Address: adbaynard@comcast.net
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: Ashley Daniel Baynard Date: 03/14/17 Daytime Phone #: 863-676-2116