


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

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| DOCUMENT # L04000026348 |  |
| 1. Entity Name DFD CAPITAL DEVELOPMENT OF INDIAN RIVER, LLC | |

FILED
07 MAY 23 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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| Principal Place of Business 812 N.W. 1ST STREET FORT LAUDERDALE, FL 33311 US | | Mailing Address 812 N.W. 1ST STREET FORT LAUDERDALE, FL 33311 US | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

04302007 REIN-LLC CR2E101 (1/07)

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|---|--|--|--|
| 6. Name and Address of Current Registered Agent DAMERAU, DAVID 812 N.W. 1ST STREET FORT LAUDERDALE, FL 33311 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. 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. I am familiar with, and accept the obligation of the registered agent. SIGNATURE <i>DAVID DAMERAU, M.M.</i> DATE <i>4/20/07</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |

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| FILE NOW!!! FEE IS \$100.00 | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DFN CAPITAL DEVELOPMENT CORPORATION 812 N.W. 1ST STREET FORT LAUDERDALE, FL 33311 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DFD CAPITAL DEVELOPMENT CORP. 812 NW 1ST FT. LAUDERDALE, FL. 33311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 100103593731 05/31/07--01014--009 **100.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | REINSTATEMENT 06, 07 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes. | |
| SIGNATURE <i>DAVID DAMERAU, M.M.</i> DATE <i>4/20/07</i> DAYTIME PHONE # <i>954-525-1032</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | |