

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 27 PM 4:19

DOCUMENT # L04000033501

1. Limited Liability Company's Name

DIAMONDBACK ENTERPRISES LLC

CR2E041 (8/05)

2. Principal Office Address

15263 HIGHWAY 25 N

Suite, Apt. #, etc.

City & State

WEIRSDALE, FLORIDA

Zip

32195

Country

MARION

3. Mailing Office Address

15263 HIGHWAY 25 N

Suite, Apt. #, etc.

City & State

WEIRSDALE, FLORIDA

Zip

32195

Country

MARION

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

5-3-2004

6. FEI Number

EIN 54-2150822

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

DENNIS ALBERT LESZCZYNSKI

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

15263 HIGHWAY 25 N.

Suite, Apt. #, Etc.

City

WEIRSDALE

State

FL

Zip Code

32195

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

Dennis Leszczynski  
REGISTERED AGENT MUST SIGN

Date 10-25-06

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
<u>MEM</u>	<u>DENNIS LESZCZYNSKI</u>	<u>15263 HIGHWAY 25 N</u>	<u>WEIRSDALE, FL. 32195</u>

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10/27/06--01062--011 \*\*200.00

**REINSTATEMENT** 2005-06

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

Dennis Leszczynski

Date 10-25-06

Daytime Phone # 352-821-0203

Typed or printed name of signing Managing Member/Manager

DENNIS LESZCZYNSKI