

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 NOV 29 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L040000037344

1. Limited Liability Company's Name

DCA, LLC

000214583850
11/23/11--01030--002 *\$238.75

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

1602 E 3RD AVE

Suite, Apt. #, etc

3. Mailing Office Address

Suite, Apt. #, etc

City & State

YBOR CITY FL

City & State

FL

Zip

33605

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

5/17/04

6. FEI Number (NEW NUMBER)

80-0748820

☐ 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

GEORGE J.F. WERNER, ESQ.

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

1602 EAST 3RD AVENUE

Suite, Apt. #, Etc

City

YBOR CITY

State

FL

Zip Code

33605

E-mail Address:

GJFW.law@gmail.com
(To be used for future annual report notices)

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

[Signature]

Date 11/21/11

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
MM mgm	THE DINOSAUR GROUP, INC.	1602 E. 3RD AVE	YBOR CITY, FL 33605
	REINSTATEMENT <u>2011</u>		

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. 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 Managing The Dinosaur Group, Inc., Managing Member

Member/Manager by William Rotberg, PRES. Date 11/21/2011 Daytime Phone # 727-940-5360

Typed or printed name of signing Managing Member/Manager The Dinosaur Group, Inc., Managing Member