

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

08 MAY -1 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000044209

1. Limited Liability Company's Name
D.D.H. ENTERPRISES, L.L.C

2. Principal Office Address - No P.O. Box # 4960 FRUITVILLE ROAD Suite, Apt. #, etc.		3. Mailing Office Address 4960 FRUITVILLE ROAD Suite, Apt. #, etc.	
City & State SARASOTA, FL		City & State SARASOTA, FL	
Zip 34232	Country UNITED STATES	Zip 34232	Country UNITED STATES

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 06/09/2004	
6. FEI Number 20-1280181	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
DAVID HEFTI

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

Suite, Apt. #, Etc.

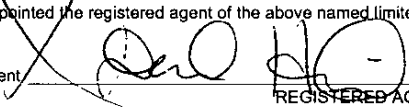
City
OSPREY

State
FL

Zip Code
34229

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

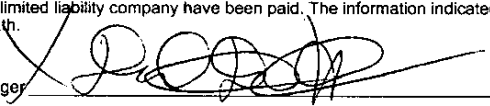
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  Date **4-23-08**

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
MBR	DAVID HEFTI	420 EAST MACEWEN	OSPREY, FL 34229
REINSTATEMENT			
2005-2008			
300126975353			
04/30/08--01005--003 **555.00			

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  Date **4-23-08** Daytime Phone # **941-378-9111**

Typed or printed name of signing Managing Member/Manager **DAVID HEFTI, MBR**