

# L04000045492

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 APR -2 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700148419627  
04/02/09--01012--023 \*\*277.50

CR2E041 (10/08)

DOCUMENT # L04000045492

1. Limited Liability Company's Name

DNB, LLC

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

6308 Caballero Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

6308 Caballero Blvd.

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Coral Gables FL

Zip

33146

Country

USA

Zip

33146

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida  
06/16/2004

6. FEI Number

030544049

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

CorpDirect Agents, Inc.

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

515 East Park Avenue

Suite, Apt. #, Etc.

City

Tallahssee

State

FL

Zip Code

32301

☒ 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

Ricky Soto, Asst. Secretary

Date 04/02/2009

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
MGR	Loundes Bosch	6308 Caballero Blvd	Coral Gables FL 33146
MGR	Lisa DeTournay	6308 Caballero Blvd	Coral Gables FL 33146

REINSTATEMENT 2008-2009

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 3/27/9

Daytime Phone #

(305) 710-7817

(305) 666-8298

Typed or printed name of signing Managing Member/Manager

Loundes Bosch