


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000050882						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 DEC -7 AM 9:47	
1. Entity Name DIA, LLC				Principal Place of Business 937 NORTH LAKE WAY PALM BEACH, FL 33480 US			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BIRMINGHAM, PAUL 937 NORTH LAKE WAY PALM BEACH, FL 33480				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 obligations of registered agent.							
SIGNATURE <u>Paul Birmingham</u>				Resident <u>11/23/05</u>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BIRMINGHAM, STEPHEN 774 NORFOLK STREET MANSFIELD, MA 02048	<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 exemption stated in Section 119.07(3)(i), 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 608, Florida Statutes.							
SIGNATURE: <u>Stephen D. Birmingham</u>				"MANAGER" Date <u>12/01/05</u> 508-339-0005 Daytime Phone <u>687.4225</u>			



PS

11082005 REIN-LLC CR2E101 (6/04)

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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 obligations of registered agent.

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$200.00

9. MANAGING MEMBERS/MANAGERS

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SIGNATURE: Stephen D. Birmingham "MANAGER" Date 12/01/05 508-339-0005 Daytime Phone 687.4225