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LIMITED LIABILITY REINSTATEMENT

DC701, LLC

Thanks!

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SECRETARY OF STATE
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000051913

CR2E041 (12/07)

1. Limited Liability Company's Name

DC701, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
18167 US Highway 19 North	(same)
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 500	
City & State	City & State
Clearwater, FL	
Zip / Country	Zip / Country
33764 USA	

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 07-13-2004

6. FEI Number: 20-1552518 ☐ 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: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive

Suite, Apt. #, Etc.: Suite 4

City: Weston | State: FL | Zip Code: 33331

☒ 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: Nota Longfellow (REGISTERED AGENT MUST SIGN) Date: JULY 22, 2008

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGR	Dave F. Clark	18167 US Highway 19 North, Suite 500	Clearwater, FL 33764
MGR	David W. Schwarz	18167 US Highway 19 North, Suite 500	Clearwater, FL 33764

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 608.408, 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: [signature] Date: 7-22-08 Daytime Phone #: 305-852-1996

Typed or printed name of signing Managing Member/Manager: Dave F. Clark, Manager

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