

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000068017

1. Limited Liability Company's Name

D.C. Route 70, LLC

B/K
05

FILED

07 MAR 29 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500095216705

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 5539 South Military Trail		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lake Worth, Florida		City & State	
Zip 33463	Country USA	Zip	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 9/17/2004	
6. FEI Number 61-1483232	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name Timothy P. McCabe	
Street Address (P.O. Box Number is Not Acceptable) 2135 S. Congress Avenue	
Suite, Apt. #, Etc. 3C	
City West Palm Beach	State FL
	Zip Code 33406

☒ 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

REGISTERED AGENT MUST SIGN

Date 2/9/07

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
Mgrm	David Rorabeck	5539 S. Military Trail	Lake Worth, FL 33463

REINSTATEMENT

2005-2007

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 2/9/07

Daytime Phone # 561-964-1189

Typed or printed name of signing Managing Member/Manager David Rorabeck



CORPORATION SERVICE COMPANY

L 040000 68017

FILED
07 MAR 29 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 825736 7116497

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 185.00

ORDER DATE : March 28, 2007

ORDER TIME : 4:35 PM

ORDER NO. : 825736-005

CUSTOMER NO: 7116497

[Signature]

DOMESTIC FILINGS

NAME: D.C. ROUTE 70, LLC

RECEIVED
07 MAR 29 AM 8:49
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake - Ext# 2959

EXAMINER'S INITIALS _____