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LIMITED LIABILITY REINSTATEMENT

DC703, LLC

Certificate of Status	1
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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

CR2E041 (12/07)

DOCUMENT # L04000069524

1. Limited Liability Company's Name
DC703, 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: 09-23-2004

6. FEI Number: 20-1655122 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Filing Fee 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 605, F.S.

Signature of Registered Agent: [signature] Date: July 22, 2008

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	DC701, LLC	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 605, 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 605.0108, 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

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

H08000180167 2