

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT -2 AM 10:45

DOCUMENT # LD500000 2669

1. Limited Liability Company's Name

DAG-RE ASSOCIATES, LLC

CR2E041 (8/05)

2. Principal Office Address 2400

SOUTH OCEAN DRIVE

Suite, Apt. #, etc.

# 7552

City & State

FT. PIERCE, FL.

Zip

34949

Country

USA

3. Mailing Office Address

10737 BIRCH BLUFF

Suite, Apt. #, etc.

AVE.

City & State

SAN DIEGO, CA.

Zip

92131

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified  
To Do Business in Florida

12/30/04

6. FEI Number

72-1595157

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

DONALD H. GRUHL

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

2400 SOUTH OCEAN DRIVE

Suite, Apt. #, Etc.

# 7552

City

FT. PIERCE

State

FL

Zip Code

34949

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

Donald H. Gruhl

Date

9/29/06

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| MGRM   | DONALD H. GRUHL                      | 10737 BIRCH BLUFF AVE<br>SAN DIEGO, CA. 92131     | 92131              |
| MGRM   | ANNA M. GRUHL                        | 10737 BIRCH BLUFF AVE<br>SAN DIEGO, CA.           | 92131              |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
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|        |                                      |   |                    |
|        |                                      |   |                    |

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

Donald H. Gruhl

Date

9/29/06

Daytime Phone #

858-271-5513

Typed or printed name of signing Managing Member/Manager

DONALD H. GRUHL