

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

2013 AUG 27 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000012951

1. Limited Liability Company's Name

DS&S LLC

2. Principal Office Address - No P.O. Box #

18551 Council Crest Drive

Suite, Apt. #, etc.

City & State

Odessa, Florida

Zip

33556

Country

US

3. Mailing Office Address

18551 Council Crest Drive

Suite, Apt. #, etc.

City & State

Odessa, Florida

Zip

33556

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

February 8, 2005

6. FEI Number

204466679

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

Peter T. Kirkwood

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

601 Bayshore Blvd.

Suite, Apt. #, Etc.

Suite 700

City

Tampa

State

FL

Zip Code

33606

E-mail Address:

dstewart35@tampabay.rr.com

(To be used for future annual report notices)

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

*Peter T. Kirkwood*

Date 8/19/13

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	Danny B. Stewart	18551 Council Crest Drive	Odessa, Florida 33556

500251034015

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REINSTATEMENT 08-13

*D. Bruce*

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing  
Member/Manager

*Danny B. Stewart*

Date 8/19/13

Daytime Phone #

Typed or printed name of signing Managing Member/Manager Danny B. Stewart, Manager

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