2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

KEINSTATEMENT			Տե	UKETARY OF STATE	Ē		
DOCUMENT # L05000029601			DIVIS	CRETARY OF STATI ION OF CORPORATI	ONS		
1. Entity Name			}				
DOUĞIE DÜZZIT, LLC			UO	SEP 14 AM 10: 0	l		
			TEST .				
Principal Place of Business	Mailing Address						
9617 COUNTY LINE RD.	9617 COUNTY LINE RD.						
LITHIA, FL 33547	LITHIA, FL 33547		$\mathcal{M}_{\mathcal{L}}$				
		<u> </u>					
Principal Place of Business 3. Mailing Address			YT IIII				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		U O 3	106 90045 REIN-LLC CR2	CCG 4D E101 (11/05)	50	
0, 00, 1	Charle Charles		<u> </u>				
City & State	City & State		4. FEI Num	1152442		oplied For ot Applicable	
Zip Country	Zíp	Country		te of Status Desired	\$5.00 Add	ditional	
6. Name and Address of Curren	t Pagistered Agent		<u>i</u>	nd Address of New Registere	Fee Require	d	
O. Habite and Address of Curren	r ringistered Agent	Name	7. Isaine ar	a wantes of them tredistere	u Agent		
BRANCH, JAMES D		Street A	Street Address (P.O. Box Number is Not Acceptable)				
1416 BEACH CLUB LANE APOLLO BEACH, FL 33572 Change above							
$\sim V$	هط مصر کو رسی	ve. 96	17 Cou	nty Line Rd			
	and tour	City	Lithia	F	Zip Cod	3647	
8. The above named entity submits this statement f	or the purpose of changing its r	egistered office or	registered agent, or t	oth, in the State of Florida. I a	ım familiar with,	and accept	
the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered Agent sign:	sture required when reinstati	DAT	E		
SIGNATURE Signature, typed or printed name of registered agent	<u> </u>						
Already Pd - Sec email FILE NOW!!! FEE IS \$50.00	In accordance with s	. 607.193(2)(b),	F.S., the limited		c payable to		
FILE NOW!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00	In accordance with s liability company did	607.193(2)(b), not receive the	F.S., the limited prior notice.	Make checl Florida Depar	c payable to tment of Stat	e	
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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath: that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE: JOOU CL LOTTON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

October 11, 2006

To whom it may concern:

In the middle of August, I completed the annual report and mail it in. Our check for \$50 was deposited by the Department of State on August 31, 2006.

On October 5, we received a Notice of Dissolution/Revocation indicating that we had not filed the report on time.

On October 6, I emailed the web help center for the Division of Corporations (see attached) and explained the above. Later that day, I received a response back indicating that the annual report had been returned to me so that I could add the federal employer ID number. I never received it.

On October 9, I sent another email indicating such and asked for the next step. I was directed to call the office, which I did today. I was told to write a letter to explain, make copies of the emails, print out a new form and submit it. I was told that you did not need a copy of the cancelled check.

So, all is attached.

Thanks.

Jodel Dent