

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC -7 PM 12:34

1. Limited Liability Company's Name

The Derrick Waldon Group, LLC

900112605119
11/27/07--01037--001 **250.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 3729 JUNIPER LANE Suite, Apt. #, etc. _____		3. Mailing Office Address P.O. Box 551042 Suite, Apt. #, etc. _____	
City & State DANIE		City & State Ft. LAUDERDALE	
Zip 33330	Country United States	Zip 33355	Country U.S.A.

4. State/Country of Formation <i>U.S.A. / FLORIDA</i>	
5. Date Organized or Qualified To Do Business in Florida <i>2003</i>	
6. FEI Number	<input checked="checked" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name Yvette L. Waldon	
Street Address (P.O. Box Number is Not Acceptable) 1107 NW 11 Place	
Suite, Apt. #, Etc. 	
City Fort Lauderdale	State FL
	Zip Code 33311

☐ 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 11-23-07

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
President	Derrick T. Waldon	1107 NW 11 Place	Fort Lauderdale, FL 33311
V. President	Yvette L. Waldon	1107 NW 11 Place	Fort Lauderdale, FL 33311
	name - left		
		<div data-bbox="776 1644 1278 1703">REINSTATEMENT</div> <div data-bbox="925 1694 1412 1747">left 2006-2007</div>	

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 11-20-01

Daytime Phone #

Typed or printed name of signing Managing Member/Manager _____

DERRICK WALDON