PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT							FILED 10 MAR 18 PM 1:43		
DOCUMENT # LOSO CO 36/33 1. Limited Liability Company's Name							SECRETARY OF STATE TALLAHASSEE, FLORIDA		
THE DERRICK WALDON GROUP LLC							100172216481 03/15/1001052009 **421.25		
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 1580 SAWGRASS CORPORATE 1880 SAWGRASS PKWY						CR2E041 (11/09) 4. State/Country of Formation			
Suite, Apt. #			Suite, Apt. #,				FL/USA		
SUITE	130		GUITE	E 130		5. Date Organized or Qualified To Do Business in Florida 4 11 2.005			
City & State			City & State	y & State			6. FEI Number Applied For		
SUNF	LISE	FL		SUNPISE FL.			20-2701390 Not Applicable		
Zip 1578. 572	582.3		Zip	-	Count		7. CERTIFICATE	7. S5.00 Additional Fee required	
	50		33323			SA	for a Certificate of Status		
Name		8. Name and Address of	Current Regis	tered Agen	A		,		
	MINE	TOPRES) reinstatement fee is imp	
Street Addr	ress (P.O. Bo)	x Number is Not Acceptable)						umstances which the e the prior notices. By (•
		grass corp	ORATE	PKN	אי		receive the prior notices. By checking this box, you are certifying the prior notices were		
Suite, Apt. #		~					not re	ceived and requestin	
City	re 13	0			State	Zip Code	reinstat	tement be waived.	
•	VRIGE	· · · · · · · · · · · · · · · · · · ·	·		FL	3332.3			
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									
Signature of		registered agent of the abov	ve named limite	d liability co	mpany,	am familiar with and a	accept the obligat		_
Signature of Registered A		Jasmie	ve named limited	عن	· · ·	am familiar with and a	accept the obligat	Date 310 200	<u>०५</u>
Registered A	Agent	Jasnie RE		SENT MUST	· · ·	am familiar with and a	accept the obligat		5
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