

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 MAR 18 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100172216481  
03/15/10--01052--009 \*\*421.25

CR2E041 (11/09)

DOCUMENT # L05000036133

1. Limited Liability Company's Name

THE DERRICK WALDON GROUP LLC

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

1580 SAWGRASS CORPORATE  
PKWY

Suite, Apt. #, etc.

SUITE 130

City & State

SUNRISE FL

Zip

33323

Country

USA

3. Mailing Office Address

1580 SAWGRASS  
CORPORATE PKWY

Suite, Apt. #, etc.

SUITE 130

City & State

SUNRISE FL.

Zip

33323

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified  
To Do Business in Florida

4/11/2005

6. FEI Number

20-2701390

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

JASMINE TORRES

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

1580 SAWGRASS CORPORATE PKWY

Suite, Apt. #, Etc.

SUITE 130

City

SUNRISE

State

FL

Zip Code

33323

☒ 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

Jasmine Torres

REGISTERED AGENT MUST SIGN

Date 3/10/2005

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
P	GODFREY MYLES	1580 SAWGRASS CORPORATE PKWY, SUITE 130	SUNRISE, FL. 33323
VP	JASMINE TORRES	1580 SAWGRASS CORPORATE PKWY SUITE 130	SUNRISE, FL. 33323
	L. SELLERS		
	MAR 19 2010		
	EXAMINER		
	REINSTATEMENT		
	08-2010		

11. E-mail Address: jasmintorres@dwalton.com

(To be used for future annual report notifications)

12. 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 608.408, 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

Jasmine Torres

Date

3/10/2005

Daytime Phone #

954-315-4720

Typed or printed name of signing Managing Member/Manager

JASMINE TORRES