

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000036294

1. Entity Name
D.G.S., LLC



FILED

07 MAY 18 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 48 BAYBRIDGE DRIVE GULF BREEZE, FL 32561	Mailing Address 48 BAYBRIDGE DRIVE GULF BREEZE, FL 32561
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04302007 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box # <i>2520 N. Yates Ave.</i>	3. Mailing Address <i>2520 N. Yates Ave</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Pensacola, FL</i>	City & State <i>Pensacola, FL</i>
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4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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Zip <i>32503</i>	Country <i>USA</i>	Zip <i>32503</i>	Country <i>USA</i>
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5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

SCHNEIDER, DALE G
48 BAYBRIDGE DRIVE
GULF BREEZE, FL 32561

7. Name and Address of New Registered Agent

Name *SCHNEIDER, DALE G.*
Street Address (P.O. Box Number is Not Acceptable)
2520 N. Yates Ave
City *Pensacola* FL Zip Code *32503*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Dale G. Schneider* DATE *4/30/07*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM NAME SCHNEIDER, DALE G STREET ADDRESS 48 BAYBRIDGE DRIVE CITY-ST-ZIP GULF BREEZE, FL 32561	<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	MGRM NAME SCHNEIDER, DALE G. STREET ADDRESS 2520 N. Yates Ave. CITY-ST-ZIP Pensacola, FL 32503	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT *DG*

11. I hereby certify that the information supplied with this filing 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: *Dale G. Schneider* *4/30/07*