

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 22 PM 12:41

DOCUMENT # **L05000040773**

1. Limited Liability Company's Name

D+C Services LLC

500111362105
10/25/07--01049--009 **105.00

CR2E041 (1/07)

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

8940 NW 9th Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

8940 N.W 9th Ct.

Suite, Apt. #, etc.

City & State

Miami FL.

City & State

Miami FL.

Zip

33150

Country

USA

Zip

33150

Country

**U.S.A
Miami-Dade**

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

5/2005

6. FEI Number

38-3766297

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

Carlson Daniel

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

8940 NW 9th Court

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33150

☒ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date **10/3/07**

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
Mgr	Draemone Cook	8940 NW 9th Court	Miami FL. 33150
Mgr	Carlson Daniel	8940 NW 9th Court	Miami FL. 33150

REINSTATEMENT
1000 2006-2007
[Signature]

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

[Signature]

Date **10/3/07**

Daytime Phone # **305-206-1566**

Typed or printed name of signing Managing Member/Manager

Carlson Daniel