


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # LQ5000042295

1. Entity Name
D. & D. AMUSEMENT L.L.C.



FILED

2007 NOV 13 P 3:19



SECRETARY OF STATE

Principal Place of Business
1090 A JOHNNIE DODDS BLVD.
MT. PLEASANT, SC 29464

Mailing Address
1090 A JOHNNIE DODDS BLVD.
MT. PLEASANT, SC 29464

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

10092007 REIN-LLC CR2E101 (1/07)

4. FEI Number
56-2520252

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLF, MICHAEL H ESQ
3832 N UNIVERSITY DR
SUNRISE, FL 33351

7. Name and Address of New Registered Agent

Name
W. *Bernice A. Devoung*
Street (P.O. Box Number is Not Acceptable)
1411 S. University Drive

City
Plantation

FL Zip Code
33351

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 *Bernice A. Young* (NOTE: Registered Agent signature required when reinstating)

DATE 10-16-07

FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIS, RONALD J 1090 A JOHNNIE DODDS BLVD. MT. PLEASANT, SC 29464 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUKES, HAROLD T 1341 COLLEGE PARK RD SUMMERVILLE, SC 29483 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200111462792 10/29/07--01055--020 **55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *H. J. Dukes* DATE 10/16/07 DAYTIME PHONE # 843-729-0492

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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