

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000048445

1. Limited Liability Company's Name

DMN, LLC

08 JUN 25 PM 3:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

600131585836
06/23/08--01039--017 **521.50

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 3800 BATTERSEA RD Suite, Apt. #, etc.		3. Mailing Office Address 3800 BATTERSEA RD Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33133	Country U.S.A	Zip 33133	Country U.S.A

4. State/Country of Formation FLORIDA/ U.S.A	
5. Date Organized or Qualified To Do Business in Florida 05/16/2005	
6. FEI Number 208765517	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name DOMENICO BELLITTI			
Street Address (P.O. Box Number is Not Acceptable) 3800 BATTERSEA RD			
Suite, Apt. #, Etc.			
City MIAMI	State FL	Zip Code 33133	

☐ 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

Date 6/20/2008

REGISTERED AGENT MUST SIGN

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
MGRM	DOMENICO BELLITTI	3800 BATTERSEA RD	MIAMI, FL 33133

REINSTATEMENT 06/08

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

Date 6/20/2008

Daytime Phone # 561-789-8326

Typed or printed name of signing Managing Member/Manager DOMENICO BELLITTI