


FILED

08 APR -8 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 08 APR -8 PM 1:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA																				
DOCUMENT # L05000055248 1. Limited Liability Company's Name DC IMPORTS, LLC			CR2E041 (12/07)																				
2. Principal Office Address - No P.O. Box # 2141 N. Monroe St. <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address P.O. Box 4087 <small>Suite, Apt. #, etc.</small>																					
City & State Tallahassee Florida		City & State Tallahassee Florida																					
Zip 32303	Country U.S.	Zip 32303	Country U.S.																				
4. State/Country of Formation FLORIDA/US																							
5. Date Organized or Qualified To Do Business in Florida																							
6. FEI Number 74-3147343		Applied For <input 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 Randy V. Clay Street Address (P.O. Box Number is Not Acceptable) 828 Eagle View Dr. Suite, Apt. #, Etc. City Tallahassee State FL Zip Code 32311																							
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 Randy V. Clay Date 04/08/08 <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>																							
10. Names and Street Addresses of Managing Members/Managers <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Managing Members/Managers</th><th style="width: 30%;">Street Address of Each Managing Member/Manager</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td>mgrm</td><td>Randy V. Clay</td><td>828 Eagle View Dr.</td><td>Tallahassee / Florida / 32311</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>				Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	mgrm	Randy V. Clay	828 Eagle View Dr.	Tallahassee / Florida / 32311												
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<div style="display: flex; justify-content: space-between; align-items: center;"><div style="font-size: 2em; font-weight: bold;">REINSTATEMENT</div><div style="text-align: right;">700122608507 04/08/08--01031--023 **441.25</div></div> <div style="font-size: 3em; font-weight: bold; margin-top: 10px;">SELLERS</div>																							
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. <div style="display: flex; justify-content: space-between; align-items: center;"><div style="width: 40%;">Signature of Managing Member/Manager Randy V. Clay</div><div style="width: 40%;">Date 04/08/08 Daytime Phone # 850-322-8866</div><div style="width: 20%; text-align: center;">Typed or printed name of signing Managing Member/Manager Randy V. Clay</div></div>																							