

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 OCT 10 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000055985

1. Entity Name
DSG COMMUNITY MARKETING SERVICES LLC



Principal Place of Business
201 GALEN DRIVE STE 106
KEY BISCAYNE, FL 33149

Mailing Address
201 GALEN DRIVE STE 106
KEY BISCAYNE, FL 33149

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10032007 REIN-LLC CR2E101 (1/07)

4. FEI Number
20-2906810

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BRUCE, EVELYN H~~
~~201 GALEN DRIVE STE 106~~
~~KEY BISCAYNE, FL 33149~~

Name Lynn Solomon
Street Address (P.O. Box Number is Not Acceptable)
315 11th Street
City West Palm Beach FL Zip Code 33401

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

Signature, typed or printed name of registered agent and title if applicable.

Lynn Solomon

(NOTE: Registered Agent signature required when reinstating)

10/3/07

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Delete
NAME BRUCE, EVELYN H CPA
STREET ADDRESS 201 GALEN DRIVE SUITE 106W
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE ☐ Change ☐ Addition
NAME 100110531381
STREET ADDRESS 10/09/07--01030--007 **150.00
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME ZUNIGA, THOMAS M
STREET ADDRESS 201 GALEN DRIVE SUITE 106W
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Thomas M Zuniga

10/4/07 (305) 305 1468

Date

Daytime Phone #