


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 07 NOV 14 PM 3:30

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # L05000063387

1. Limited Liability Company's Name  
DIRECT ACCESS GROUP LLC  
W07-50237

T00110281677  
 10/04/07--01050--002 \*\*105.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #  
817 SW 6 ST.

Suite, Apt. #, etc.

City & State  
Florida City

Zip Country  
33034 USA

4. State/Country of Formation  
Florida

5. Date Organized or Qualified To Do Business in Florida  
6-27-05

6. FEI Number  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  
Cruz, Francisco

Street Address (P.O. Box Number is Not Acceptable)  
817 SW 6 ST.

Suite, Apt. #, Etc.

City State Zip Code  
Florida City FL 33034

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] Date 11-03-07

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
MGR	Cruz, Francisco	817 SW 6 St.	Florida City, FL 33034
MGR	Gonzalez, Mayte	817 SW 6 St.	Florida City, FL 33034

**REINSTATEMENT**  
W07-2006-2007

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 11-03-07 Daytime Phone # (786)243-1135

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_