

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000073242

1. Limited Liability Company's Name

DCW CONSULTANTS LLC

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FILED
08 MAY - 1 AM 10:14
SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 806 Douglas Road Suite, Apt. #, etc. Suite 570 City & State Coral Gables, FL Zip 33134		Country U.S.	
3. Mailing Office Address 806 Douglas Road Suite, Apt. #, etc. Suite 570 City & State Coral Gables, FL Zip 33134		Country U.S.	

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 07/26/05	
6. FEI Number 20-3205337	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name Genlaw Registered Agents, Inc.	
Street Address (P.O. Box Number is Not Acceptable) 9400 South Dadeland Boulevard	
Suite, Apt. #, Etc. Suite 600	
City Miami	State FL
	Zip Code 33156

☐ 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 By: Mario L. Gennaro, President Date 5/1/08
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	Dorothy C. Weaver	806 Douglas Road, Suite 570	Coral Gables, FL 33134

REINSTATEMENT

2006-2008

500128118035

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 606.406, 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 Dorothy C. Weaver Date 5/1/08 Daytime Phone # 305-666-3319

Typed or printed name of signing Managing Member/Manager Dorothy C. Weaver