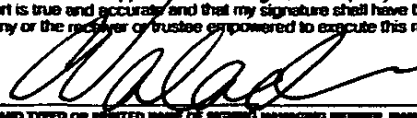


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 18 AM 9:36

DOCUMENT # L05000096405			
1. Entity Name DHV2, LLC			
Principal Place of Business 4926-59TH AVE S ST PETERSBURG, FL 33715		Mailing Address 4926-59TH AVE S ST PETERSBURG, FL 33715	
2. Principal Place of Business 4900 62ND AVE S.		3. Mailing Address SAME	
Suite, Apt. #, etc. ST		Suite, Apt. #, etc.	
City & State ST. PETERSBURG, FL		City & State FL	
Zip 33715	Country USA	Zip	Country
4. FEI Number 20-3524170		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent O'MALLEY, ANDREW M 712 S OREGON AVE TAMPA, FL 33606-2543		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NUMBER FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00		State check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VALADIE, ALAN 4926-59TH AVE S ST PETERSBURG, FL 33715 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VALADIE, ALAN 4900 62 ND AVE. S. ST. PETERSBURG, FL 33715 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900086235989 01/25/07--01042--008 **200.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	06-07 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		1/10/07 7278644445	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date and Phone #	