2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
08 FEB -7 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300117520263

12102007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L05000101671

1. Entity Name
DUFFY'S DELIGHT, LLC

Principal Place of Business	Mailing Address
1412 CANOPY WALK PALM COAST, FL 32137 US	PO BOX 352596 PALM COAST, FL 32135 US

07

2. Principal Place of Business - No P O Box #	3. Mailing Address
50 Plaza Drive	PO Box 352596
Suite Apt # etc: Suite 101	Suite Apt # etc:
City & State: Palm Coast FL	City & State: Palm Coast FL
Zip: 32137 Country: Flagler	Zip: 32135 Country: Flagler

4. FEI Number: 20-3934281 ☐ 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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	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 [signature] Troy Todd as its agent 2-7-2008
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUFFY, DENISE M 1412 CANOPY WALK LANE PALM COAST, FL 32137	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUFFY, WAYNE E 1412 CANOPY WALK LANE PALM COAST, FL 32135	☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

REINSTATEMENT 2007-2008

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: Wayne E Duffy 2-1-08 386-237-4206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CORPORATION SERVICE COMPANY

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TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 435370 7505298

AUTHORIZATION : Lynn Coleman

COST LIMIT : $ 377.50

ORDER DATE : February 7, 2008

ORDER TIME : 11:48 AM

ORDER NO. : 435370-005

CUSTOMER NO: 7505298

DOMESTIC FILINGS

RECEIVED
08 FEB -7 PM 12:39
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: DUFFY'S DELIGHT, LLC

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ____ PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd - Ext# 2940

EXAMINER'S INITIALS