

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09 APR 24 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000113879

1. Limited Liability Company's Name

DNSK, LLC

PK 06

900149016329

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

6150 GULFPORT BLVD S

Suite, Apt. #, etc.

UNIT 413

City & State

GULFPORT, FL

Zip

33707

Country

USA

3. Mailing Office Address

6150 GULFPORT BLVD S

Suite, Apt. #, etc.

UNIT 413

City & State

GULFPORT, FL

Zip

33707

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified

To Do Business in Florida 11/29/2005

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

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☐ 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]
REGISTERED AGENT MUST SIGN

Date 04/07/2009

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
MRGM	Adhid Alarif	10006 Thompson Ridge Court	Great Falls, VA 22066
MRGM	Deborah Walczak	10006 Thompson Ridge Court	Great Falls, VA 22066

REINSTATEMENT 2006-2009

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 03/28/2009

Daytime Phone# 703-303-0858

Typed or printed name of signing Managing Member/Manager Adhid Alarif



CORPORATION SERVICE COMPANY

L05000113879

FILED

09 APR 24 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 951134 7510772

AUTHORIZATION

[Signature]

COST LIMIT : \$ 655.00

ORDER DATE : April 7, 2009

ORDER TIME : 3:14 PM

ORDER NO. : 951134-005

CUSTOMER NO: 7510772

DOMESTIC FILINGS

NAME: DNSK, LLC

XX REINSTATEMENT

[Signature]

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - Ext# 2949

EXAMINER'S INITIALS _____

DEFINITION OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

09 APR - 7 PM 4:09

RECEIVED