

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000001746

1. Entity Name
DVS ENTERPRISES, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT -8 PM 2:43

Principal Place of Business
2125 ALFA ROMEO DRIVE
JACKSONVILLE, FL 32246 US

Mailing Address
2125 ALFA ROMEO DRIVE
JACKSONVILLE, FL 32246 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

09202007 REIN-LLC CR2E101 (1/07)

4. FEI Number
331129107

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NANGIA, SHIVALI
2125 ALFA ROMEO DR
JACKSONVILLE, FL 32246

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/20/07

FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME KALRA, DESH R
STREET ADDRESS 2125 ALFA ROMEO DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE MGRM ☐ Delete
NAME NANGIA, SHIVALI
STREET ADDRESS 2125 ALFA ROMEO DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

REINSTATEMENT
WOP 2007

RLT

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/20/07

Date

904-993-3206

Daytime Phone #