

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 AUG 13 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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08/13/09--01004--010 \*\*546.25  
CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																													
DOCUMENT # L06000054039																															
1. Limited Liability Company's Name  D & D Enterprises, LLC																															
2. Principal Office Address - No P.O. Box # 27516 Cashford Circle Suite, Apt. #, etc. City & State Wesley Chapel, FL Zip 33543 Country Pasco		3. Mailing Office Address 27516 Cashford Circle Suite, Apt. #, etc. City & State Wesley Chapel, FL Zip 33543 Country Pasco																													
4. State/Country of Formation Florida / USA		5. Date Organized or Qualified To Do Business in Florida 18 May 2006																													
6. FEI Number None		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> 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 A. Dave Singh Street Address (P.O. Box Number is Not Acceptable) 17933 Holly Brook Drive Suite, Apt. #, Etc. City Tampa State FL Zip Code 33647																															
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 (Same) Date 10 August 2009 REGISTERED AGENT MUST SIGN																															
10. Names and Street Addresses of Managing Members/Managers <table border="1"><thead><tr><th>Titles</th><th>Name of Managing Members/Managers</th><th>Street Address of Each Managing Member/Manager</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>MGR</td><td>A Dave Singh</td><td>17933 Holly Brook Drive</td><td>Tampa, FL 33647</td></tr><tr><td>MGR</td><td>Danielle Nagel</td><td>17933 Holly Brook Drive</td><td>Tampa, FL 33647</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>				Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGR	A Dave Singh	17933 Holly Brook Drive	Tampa, FL 33647	MGR	Danielle Nagel	17933 Holly Brook Drive	Tampa, FL 33647																
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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 A. Dave Singh Date 10 Aug 2009 Daytime Phone # 813-447-1239 Typed or printed name of signing Managing Member/Manager A. Dave Singh																															

REINSTATEMENT - 07-09

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