

FILED

**2007 LIMITED LIABILITY COMPANY
REINSTATEMENT**

07 NOV 28 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000099260

1. Entity Name
DGMF DEVELOPMENT, LLCPrincipal Place of Business
1470 N.W. 107 AVENUE, SUITE C
MIAMI, FL 33172Mailing Address
1470 N.W. 107 AVENUE, SUITE C
MIAMI, FL 33172

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

11262007 REIN-LLC

CR2E101 (1/07)

4. FEI Number

☒ Applied For
☐ Not Applicable5. 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

FAMADA, MARTHA MORAN
1470 N.W. 107 AVENUE, SUITE C
MIAMI, FL 33172

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 must be printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MORAN FAMADA, MARTH
1470 N.W. 107 AVENUE, SUITE C
MIAMI, FL 33172 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
300112618089
11/27/07--01051--001 **50.00 ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DeleteTITLE
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.

REINSTATEMENT

SIGNATURE

M. Moran (305) 4781101-26-07