


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000122454

1. Entity Name
DO BUSINESS NOW, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION:

08 NOV -4 AM 11: 52

Principal Place of Business
6310 CASTELVEN DR
#107
ORLANDO, FL 32835-3245 US

Mailing Address
6310 CASTELVEN DR
#107
ORLANDO, FL 32835-3245 US

2. Principal Place of Business - No P.O. Box #
6310 CASTELVEN DR
Suite, Apt. #, etc. # 107
City & State ORLANDO
Zip 32835 Country ORANGE

3. Mailing Address
6310 CASTELVEN DR
Suite, Apt. #, etc. # 107
City & State ORLANDO
Zip 32835 Country ORANGE



10312008 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent
IGLESIAS, GRACIELA
6310 CASTELVEN DR
#107
ORLANDO, FL 32835-3245

7. Name and Address of New Registered Agent
Name IGLESIAS, ALEJANDRA
Street Address (P.O. Box Number is Not Acceptable)
6310 CASTELVEN DR # 107
City ORLANDO FL Zip Code 32835

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 *Graciela Iglesias* DATE 10/10/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50

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	MGR IGLESIAS, GRACIELA 6310 CASTELVEN DR, #107 ORLANDO, FL 328353245 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 11/04/08 01010-001 **138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT

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: *Graciela Iglesias* DATE 10/10/08

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