

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

11 MAR 31 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L07000029069

1. Limited Liability Company's Name

**D & D Plumbing LLC**

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

2848 48th terrace

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34116

Country

US

3. Mailing Office Address

2848 48th terrace Sw

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34116

Country

US

**REINSTATEMENT** 09-11

4. State/Country of Formation

FL, US

5. Date Organized or Qualified  
To Do Business in Florida

3/16/2007

6. FEI Number

68-0646437

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

Donel Destine

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

2848 48th terrace sw

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34116

800200009018  
03/31/11 01005 021 \$56.25  
E-mail Address:

doneldestine5@gmail.com

(To be used for future annual report notices)

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

*Donel Destine*

Date

4/11/2011

REGISTERED AGENT MUST SIGN

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
MGR	Donel Destine	2848 48th Terrace Sw	Naples, FL 34116

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

*Donel Destine*

Date

4/11/11

Daytime Phone #

239-398-0838

Typed or printed name of signing Managing Member/Manager