

LU 7000065726

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY 17 AM 9:38

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05/17/10--01005--028 **416.25
CR2E041 (11/09)

DOCUMENT #

1. Limited Liability Company's Name

DRUMLIN DESIGN LLC

OK

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

18 HARBOUR DR N

Suite, Apt. #, etc.

City & State

OCEAN RIDGE, FL

Zip

33435

Country

USA

3. Mailing Office Address

18 HARBOUR DR N

Suite, Apt. #, etc.

City & State

OCEAN RIDGE, FL

Zip

33435

Country

USA

4. State/Country of Formation

FLORIDA / PALM BEACH

5. Date Organized or Qualified To Do Business in Florida

6/21/07

6. FEI Number

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

ELIZABETH O'CARROLL

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

18 HARBOUR DR N

Suite, Apt. #, Etc.

City

OCEAN RIDGE

State

FL

Zip Code

33435

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date

5/14/10

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	ELIZABETH O'CARROLL	18 HARBOUR DR N	OCEAN RIDGE, FL 33435
MGR	FINBARR O'CARROLL	18 HARBOUR DR N	OCEAN RIDGE, FL 33435

REINSTATEMENT 2008-2010

11. E-mail Address: finbarrocarroll@yahoo.com

(To be used for future annual report notifications)

12. 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

Elizabeth O'Carroll

Date

5/14/10

Daytime Phone #

561 735 9522

Typed or printed name of signing Managing Member/Manager