

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
AUG -3 PM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000089054

1. Limited Liability Company's Name

DVE 4, LLC

300183903903
08/02/10--01054--005 **516.25
CR2E041 (08/10)

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

1795 W. Nasa Blvd.

3. Mailing Office Address

1795 W. Nasa Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

Melbourne, FL

Zip

32901

Country

USA

Zip

32901

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

08/29/2007

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

Erik P. Shuman, Esquire

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

1795 W. Nasa Blvd.

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32901

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

Date 07/30/2010

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 |
|--------|--------------------------------------|---|---------------------|
| MGRM | Dorothy Ervin | 4068 Estancia Way | Melbourne, FL 32934 |
| MGRM | Renae Symons | 1814 Halifax Street | Carmel, IN 46032 |
| | REINSTATEMENT | | |
| | 2008-10 | | |
| | | | S. HAWKES |
| | | | AUG 4 - 2010 |
| | | | EXAMINER |

11. E-mail Address: rmsymons08@aol.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

Date 07/30/2010

Daytime Phone # (321) 242-8162

Typed or printed name of signing Managing Member/Manager Dorothy Ervin