

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000097802

1. Limited Liability Company's Name

DILLWORTH & DORSEY DESIGNS, LLC

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

10831 NE 8TH COURT

Suite, Apt. #, etc.

3. Mailing Office Address

10831 NE 8TH COURT

Suite, Apt. #, etc.

City & State

BISCAYNE PARK, FL

City & State

BISCAYNE PARK, FL

Zip

33161

Country

Zip

33161

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 9/25/2007

6. FEI Number

26-1134252

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/11)

8. Name and Address of Current Registered Agent

Name DREW DILLWORTH, ESQ.

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

150 WEST FLAGLER STREET

Suite, Apt. #, Etc.

SUITE 2200

City

MIAMI

State

FL

Zip Code

33130

E-mail Address:

900208515819
06/06/11--01050--006 **516.25

DDILLWORTH@STEARNSWEAVER.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

Date

6/1/11

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	DILLWORTH, KAREN	10831 NE 8TH COURT	BISCAYNE PARK, FL 33161
MGR	DORSEY, NICOLE	10831 NE 8TH COURT	BISCAYNE PARK, FL 33161

REINSTATEMENT

09-11

DB

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

Date

6.1.11

Daytime Phone #

786.390.5963

Typed or printed name of signing Managing Member/Manager

Karen M. Dillworth