

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 DEC -2 AM 12 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08000055827

1. Limited Liability Company's Name

DABAT, LLC

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

1235 CONSERVANCY AVE.

Suite, Apt. #, etc

3. Mailing Office Address

Same

Suite, Apt. #, etc

City & State

TALLAHASSEE, FL

City & State

Zip

32312

Country

U.S.

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

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

1235 CONSERVANCY DR. E.

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

KEN WAMMACK

Suite, Apt. #, Etc

City

TALLAHASSEE

State

FL

Zip Code

32312

200214804032
12/02/11--01007--001 **516.25

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

Ken Wammack

Date 12/2/11

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
MEMBER	KEN WAMMACK	1235 CONSERVANCY AVE.	TALLAHASSEE, FL 32312
MANAGER			

REINSTATEMENT
2009-2011

11. E-mail Address: KENWAM@CENTURYLINK.NET
(To be used for future annual report notifications)

12. I certify that I am a 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

Ken Wammack

Date 12/2/11

Daytime Phone #

385-3103

J. SAULSBERRY
EXAMINER

Typed or printed name of signing Managing Member/Manager

DEC 2 2011