PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 JUN -8 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT # L09000065622

1. Limited Liability Company's Name

Dawn & Co Associates, LLC

2 Principal Office Address - No P.O. Box #	3 Mailing Office Address
304 SW 140th Terrace	304 SW 140th Terrace
Suite, Apt # etc	Suite Apt # etc
City & State: Newberry, FL	City & State: Newberry, FL
Zip: 32669 Country: USA	Zip: 32669 Country: USA

4 State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: 7/8/2009

6 FEI Number: 80 0439382 ☐ 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: Dawn L. Robinson

Street Address (P.O. Box Numbers Not Acceptable): 10305 NW 25th Place

Suite Apt # Etc.

City: Gainesville State: FL Zip Code: 32606

E-mail Address:
06/08/12--01012--019 **546.25
200236077972
06/08/12--01012--019 **546.25
dawnandco.studio@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 Dawn L. Robinson Date 6/5/12
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

REINSTATEMENT 2010-2012

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 _____ Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____