

L09000072585

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

DOCUMENT # L0900072585

1. Limited Liability Company's Name

DNAimpact!, LLC

10 OCT 27 AM 10:05

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 360 Central Avenue		3. Mailing Office Address same (both new)	
Suite, Apt. #, etc. Suite 1230		Suite, Apt. #, etc.	
City & State St. Petersburg, FL		City & State	
Zip 33701	Country	Zip	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 7/28/2009	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Steven K. Baird, P.A.			
Street Address (P.O. Box Number is Not Acceptable) 5981 NE 6th Avenue			
Suite, Apt. #, Etc.			
City Miami	State FL	Zip Code 33137	

300187154893
10/27/10 01039 002
\$238.75

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 Steven K. Baird Date 10/20/10

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	Norma J. Nixon	360 Central Avenue, Suite 1230	St. Petersburg, FL 33701
MGRM	Rebecca Sutphen	360 Central Avenue, Suite 1230	St. Petersburg, FL 33701
MGR	David P. Nixon	360 Central Avenue, Suite 1230	St. Petersburg, FL 33701
REINSTATEMENT 2010			
Ult			

11. E-mail Address: _____ (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 David Patrick Nixon Date 23 OCT 2010 Daytime Phone # 727-599-6577

Typed or printed name of signing Managing Member/Manager David Patrick Nixon