PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

11 JAN -5 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000189813080
01/05/11--01037--008 **238.75

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000090966

1. Limited Liability Company's Name
DKORE & DESIGN, L.L.C.

OR3E041 (11/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
200 NW 8 AVE	200 NW 8 AVE
Suite, Apt. #, etc. 210	Suite, Apt. #, etc. 210
City & State MIAMI	City & State MIAMI
Zip 33128 Country FLORIDA	Zip 33128 Country FLORIDA

4. State/Country of Formation 9/21/2009

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: BIEGUN, ELISABET D

Street Address (P.O. Box Number is Not Acceptable): 200 NW 8 AVE,

Suite, Apt. #, Etc.: 210

City: MIAMI State: FL Zip Code: 33128

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: [signature] REGISTERED AGENT MUST SIGN Date: 12-30-10

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BIEGUN, ELISABET	3330 NE 190 STREET	AVENTURA, FL 33180
		APT 2117	

L. SELLERS

REINSTATEMENT

JAN - 7 2011

2010

EXAMINER

11. E-mail Address: _____ (To be used for future annual report notification)

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 upon filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all taxes 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: [signature] Date: 12-30-10 Daytime Phone #: 786-663-5799

Typed or printed name of signing Managing Member/Manager: _____