

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 FEB -6 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 11000081113

1. Limited Liability Company's Name

D & B DISTRIBUTING LLC

CR2E041 (1/14)

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

9868 OSPREYLANDING DR

Suite, Apt. #, etc.

3. Mailing Office Address

9868 OSPREYLANDING DR.

Suite, Apt. #, etc.

City & State

ORLANDO FL.

City & State

ORLANDO FL.

Zip

32832

Country

USA

Zip

32832

Country

USA

4. State/Country of Formation

U.S.

5. Date Organized or Qualified
To Do Business in Florida

July 14, 2011

6. FEI Number

30-0719916

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

DOMINIC GENAO

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

9868 OSPREYLANDING DR.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32832

300254219073
12/05/13--01011--014 **125.00

300254219073
02/05/14--01025--004 **113.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

1/24/14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
mgr	DOMINIC GENAO	9868 OSPREYLANDING DR	ORLANDO FL. 32832
	REINSTATEMENT		
	FEB 06 2014	R. HUNT	

11. E-mail Address: DOMRGENAO@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date

1/24/14

Daytime Phone #

(407) 716-9336

Typed or printed name of signing Authorized Representative/Manager

DOMINIC GENAO