


17 AUG 15 AM 11:04

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		17 AUG 15 AM 1	
DOCUMENT # 212000037224					
1. Corporation Name DRSN, LLC					
2. Principal Office Address - No P.O. Box # 5791 SW 137 AVE		3. Mailing Office Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI FL		City & State			
Zip 33183	Country Dade	Zip 33183	Country		
7. Name and Address of Current Registered Agent			4. Date Incorporated or Qualified To Do Business in Florida 3-16-2012		
Name FRANCISCO CURIEL			5. FEI Number 45-4805822		
Street Address (P.O. Box Number is Not Acceptable) 10065 SW 137 CT			Applied For Not Applicable		
Suite, Apt. #, Etc.			6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
City MIAMI FL			800302579886 08/15/17--01023--023 **258.75		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent X <i>Francisco Curiel</i>				Date 8/1/17	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
Ambr	Francisco Curiel	10065 SW 137 CT		MIAMI FL 33186	
10. E-mail Address: FRANCO.CURIEL@ATT.NET (To be used for future annual report notification)					
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when I filed this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath and was made before me in my official capacity. I am a resident of the State of Florida.					
SIGNATURE: <i>Francisco Curiel</i> DATE: 8/1/17 DAYTIME PHONE: OFFICIAL SEAL OF THE SECRETARY OF STATE					