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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2019 OCT -8 PM 4:21
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

400335580044

DOCUMENT # L12000070367

1 Limited Liability Company's Name
DECC HOLDINGS, LLC

CR2E041 (1/14)

2 Principal Office Address - No P.O. Box #		3 Mailing Office Address	
5601 Arbor Lane		5601 Arbor Lane	
Suite, Apt. # etc		Suite, Apt. # etc	
City & State		City & State	
Coral Gables, FL		Coral Gables, FL	
Zip	Country	Zip	Country
33156	US	33156	US

4 State/Country of Formation: FL

5 Date Organized or Qualified To Do Business in Florida: 05/24/2012

6 FEI Number: 45-5358183 ☐ 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
COGENCY GLOBAL INC.

Street Address (P.O. Box Number is Not Acceptable) Suite
115 N CALHOUN ST, STE. 4

Apt. # Etc.

City	State	Zip Code
TALLAHASSEE	FL	32301

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: /S/ Jacqueline Almeida Date: 10/8/19

REGISTERED AGENT MUST SIGN

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	Clinton Biondo	5601 Arbor Lane	Coral Gables, FL 33156

11 E-mail Address: lmurray@pkfod.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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: Clinton Biondo Date: 9/19/2019 Daytime Phone #:

T MOORE
OCT 23 2019

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COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 10/08/2019

Name: **Merritt Walker**

Reference #: **1133473**

Entity Name: **DECC HOLDINGS, LLC**

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☑ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other _____

Authorized Amount: **$125**

Signature: _____