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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E043 (1/14)

DOCUMENT # L12000126433

1. Limited Liability Company's Name
Dart Vard LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
888 Brickell Key Drive	888 Brickell Key Drive
Suite, Apt. #, etc. 1811	Suite, Apt. #, etc. 1811
City & State Miami, FL	City & State Miami, FL
Zip 33132 Country USA	Zip 33132 Country USA

4. State/Country of Formation: Florida, USA
5. Date Organized or Qualified To Do Business in Florida: October 3, 2012
6. FEI Number: Applied For [ ] Not Applicable [X]
7. CERTIFICATE OF STATUS DESIRED [ ] $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation System
(Street Address (P.O. Box Number is Not Acceptable)): 1200 South Pine Island Road
Suite, Apt. #, Etc.:
City: Plantation State: FL Zip Code: 33324

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 _____ Date _____
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
MGRM	Jimmie Lee Solomon	888 Brickell Key Drive, #1811	Miami, FL 33132

REINSTATEMENT

11. E-mail Address: jimmielee@jimmieleesolomon.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager of 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 requirements of section 605.0112, 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: [signature] Date: 7/13/14 Daytime Phone #: 917-566-6897

Typed or printed name of signing Authorized Representative/Manager: JIMMIE LEE SOLOMON

JUL 14 2014
R. HUNT

Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT
DART VARD LLC

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