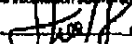


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L12000126433					
1. Limited Liability Company's Name Dart Vard LLC					
2. Principal Office Address - No P.O. Box # 888 Brickell Key Drive		3. Mailing Office Address 888 Brickell Key Drive		4. State/Country of Formation Florida, USA	
State, Apt. #, etc. 1811		State, Apt. #, etc. 1811		5. Date Organized or Qualified To Do Business in Florida October 3, 2012	
City & State Miami, FL		City & State Miami, FL		6. FEI Number Applied For ☒ Not Applicable	
Zip 33132	Country USA	Zip 33132	Country USA	7. CERTIFICATE OF STATUS DEFERRED ☐ \$5.00 Additional Fee, not 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					
State, Apt. #, Etc.					
City Plantation		State FL	Zip Code 33324		
9. I am 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					
Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager		City / State / Zip	
MEM	Jimmie Lee Solomon	888 Brickell Key Drive, #1811		Miami, FL 33132	
REINSTATEMENT					
11. E-mail Address: jimmielee@jimmieleeolomon.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 extinguished, 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. 817.138, F.S.					
Signature of Authorized Representative/Manager		Date		Daytime Phone #	
		7/13/14		917-566-6887	
Typed or printed name of signing Authorized Representative/Manager: JIMMIE LEE SOLOMON					

JUL 14 2014

R. HUNT

Division of Corporations

Page 1 of 1

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LIMITED LIABILITY REINSTATEMENT
DART VARD LLC**

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Corporate Filing Menu

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