PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L 130000 44582

1. Limited Liability Company's Name Dell Dailey and Family, Consultants, LLC

FILED

15 DEC 30 M 8 28

SECRETAIN OF STATE TALLAHASSEE, FLORIDA...

2. Principal Office Address - No P.O. 8ox # 10239 Creekside Dr Suite, Apt. #, etc. n/a		{ -	Mailing Office Address 10239 Creekside Dr		CR2E041 (1/14)		
		Suite, Apt. #, etc.		State/Country of Formation Florida			
		n/a		5. Date Organized or Qualified To Do Rusiness in Florida			
City & State		City & State			To Do Büsiness in Florida 2 0 W 4 12 2 0 / 3 6. FEI Number Applied For Not Applicable		
Placida, FL		Placida, FL					
Zip 33946	USA Zip 33946		USA 7. CERTIFIC		7. CERTIFICATE OF	ATE OF STATUS DESIRED 🗹	
	8. Name and Add	Iress of Current Reg	jistered Agent				
Name DELL DAI	ILEY						
Siret Address (P.O. Box Number is Not Acceptable) Suite,					e e		
Apt. #, Etc.		127		127	00280484673 30/15-01004-006 **243.75		
city Placida			State FL	33946			
9. I, being	appointed the registered agent of the	ne above named limites	d liability company,	am familiar with and a	accept the obligation	s of Chapter 605, F.S. 2 & D/2 C 20/5	
Signature of Registered A		REGISTERED AGE	ENT MUST SIGN			1 January, 2016	
10. Names a	and Street Addresses of Authorized I	Representatives/Manag	jers)			
Titles	Name of Authorized Represents Managers	Street Address of Each Authorized Representative/ Manager		ative/	City / State / Zip		
MR	DELL DAILEY		10239 CUCEE KSINKAR		5 1 KI 1 K 1 K 1 K 1 K 1 K 1 K 1 K 1 K 1	PLACIDA, FL, 33946	
	REINSTATEM			EME	43	DEC 3 0 2015	
						R. HUNT	
11, E- mail A	Address: delldailey@gmail.	com					
certify that v 605.0012, F shall have the felony as pro- Signature of	when filing this reinstatement appli F.S., and that all fees owed by the	cation the reason for dimited liability compared or oath. I am aware	receiver or trustee dissolution has been paid. that false information	on eliminated, the lim The information ind on submitted in a do	ute this application in ited liability comparities applicated on this application in the Depth Comment to the Dept	as provided for in Chapter 605, F.S. I further my name satisfies the requirement of section cation is true and accurate, and my signature artment of State constitutes a third degree 703-789-0337 Daytime Phone #	