L13000068405

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L13000068405

1. Limited Liability Company's Name
DM EXPRESS LLC

200362590162
03/22/21--01002--012 **1210.00

CR3E041 (3/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
10030 SW 8 STREET	10030 SW 8 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PINES, FL	City & State: PEMBROKE PINES, FL
Zip: 33025 Country: US	Zip: 33025 Country: US

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 05/09/2013

6. FEI Number: ☑ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: DWAYNE MCLEAN

Street Address (P.O. Box Number is Not Acceptable); Suite, Apt. #, Etc.: 10030 SW 8 STREET

City: PEMBROKE PINES State: FL Zip Code: 33025

9. I hereby appointed the registered agent of the above named limited liability company, with familiarity with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Dwayne Mclean Date: 03/17/2021
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
AMBR	DWAYNE MCLEAN	10030 SW 8 STREET	PEMBROKE PINES, FL 33025

Y SULKER
MAR 22 2021

11. E-mail Address: _____
(To be used for future annual report mailings)

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 requirement 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 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: Dwayne Mclean Date: 03/17/2021 Daytime Phone #: _____

Typed or printed name of signing authorized representative/member: DWAYNE MCLEAN