

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

16 OCT -6 AM 9:28

DOCUMENT # L15000065364

1. Limited Liability Company's Name  
DBW PUBLISHING, LLC

2. Principal Office Address - No P.O. Box #  
1224 E Elmwood Avenue

Suite Apt. #, etc.

City & State  
Burbank, CA

Zip  
91501

Country  
USA

3. Mailing Office Address  
1224 E Elmwood Avenue

Suite, Apt. #, etc.

City & State  
Burbank, CA

Zip  
91501

Country  
USA

CR2E041 (1/14)

4. State/Country of Formation  
Florida / United States

5. Date Organized or Qualified  
To Do Business in Florida June 26, 2012

6. FEI Number  
47-3708101

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

P & A Registered Agents, LLC

Street Address (P.O. Box Number is Not Acceptable) Suite,

175 SW 7th Street

Apt. #, Etc.

Suite 1403

City  
Miami

State  
FL

Zip Code  
33130

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

REGISTERED AGENT MUST SIGN

Date 09/26/16

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
AMBR	Daniel Washburn	1224 E Elmwood Avenue	Burbank, CA 91501

11. E-mail Address. notices@parronlaw.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 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

Date

09/26/16

Daytime Phone #

305-889-3312

Typed or printed name of signing authorized representative/member

JUAN PARRON as attorney in fact