

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


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2024 MAR 29 PM 12:06

SECRETARY
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CR2E041 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L21000320799

1. Limited Liability Company's Name
DCIG, LLC

2. Principal Office Address - No P.O. Box # 7901 4TH ST N		3. Mailing Office Address 7901 4TH ST N	
Suite, Apt. #, etc. STE 300		Suite, Apt. #, etc. STE 300	
City & State ST PETERSBURG, FL		City & State ST PETERSBURG, FL	
Zip 33702	Country	Zip 33702	Country

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida 07/13/2021	
6. FEI Number 35-2720999	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent	
Name REGISTERED AGENTS INC	
Street Address (P.O. Box Number is Not Acceptable) Suite 7901 4TH ST N	
Apt. #, Etc. STE 300	
City ST PETERSBURG	State Zip Code FL 33702

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	<u>David Roberts</u> Date <u>03-20-2024</u>
REGISTERED AGENT MUST SIGN	

10. Names and Street Addresses of Authorized Representatives/Managers			
Title	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	DMITRII SALTANOV	440 N BARRANCA AVE 5798	COVINA, CA 91723
MGR	ALEKSEY BELOV	1524 SWEETSPIRE DRIVE	TRINITY, FL, 34655

11. E-mail Address: <u>elenabayanova@yahoo.com</u>
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or 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 <u>03/21/2024</u> Daytime Phone # <u>+1 650 771 3889</u>
Typed or printed name of signing authorized representative/member <u>ALEKSEY BELOV</u>	

BMA 3/21/24