

L9500000291  
LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUL -8 PM 1:00

DOCUMENT # L95000000291

1. Limited Liability Company's Name

D.S. Planning & Development, L.C.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200021387562  
07/08/03--01045--019 \*\*455.00

2. Principal Office Address

269 Giralda Avenue

3. Mailing Office Address

269 Giralda Avenue

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

203

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified  
To Do Business in Florida

04/13/1995

6. FEI Number

65-0559361

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

George E. Crimarco, Esq.

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

269 Giralda Avenue

Suite, Apt. #, Etc.

203

City

Coral Gables

State

FL

Zip Code

33134

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	George E. Crimarco, Esq.	269 Giralda Ave., #203	Coral Gables, FL 33134

REINSTATEMENT 1997-2003

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of  
Managing Member/Manager

Date

Daytime Phone# 305-461-3077

Typed or printed name of signing Managing Member/Manager

George E. Crimarco, Esq.

CR2ED41 (10/02)