

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

27 FEB 14 PM 1:08

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L95000000760

DMB SYSTEMS, L.C.
6722 NW 72nd AVE.
MIAMI, FL 33166

1a. Principal Place of Business Address

6722 NW 72nd AVE.
MIAMI, FL 33166

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2

2. Mailing Address

2a. Principal Place of Business

3. Date Organized or Qualified

3a. State of Formation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

☐ Applied For

☐ Not Applicable

City & State

City & State

5. Date of Last Report

6. Certificate of Status Desired

☐ Additional Fee Required ☐

Zip

Country

Zip

Country

10-11-1995 FLORIDA
65-0646877

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

JOSE F. MARTINS
14170 SW 122 COURT
MIAMI, FL 33186

Name

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

Suite, Apt. #, etc.

City

Zip Code

FL

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

[Signature]

Date 02-10-97

REGISTERED AGENT MUST SIGN

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

MGR.

JOSE F. MARTINS

6722 NW 72nd AVE.

MIAMI, FL 33166

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-02/17/97--01162--001
****977.50 ****977.50

REINSTATEMENT

96-97
2/14/97

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

[Signature]

Date 02-10-97

Daytime Phone # 305-883-2995

Typed or printed name of signing Managing Member/Manager