

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

03 JAN -9 AM 8:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L97000001114

1. Limited Liability Company's Name

DIRECT CAPITAL ACCESS, LLC

2. Principal Office Address

2151 NE Coachman Road

Suite, Apt. #, etc.

3. Mailing Office Address

Same as (2)

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Same as (2)

Zip

33765

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 10/08/97

6. FEI Number

59-3480976

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

Bruce C. Baldwin

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

2151 NE Coachman Road

Suite, Apt. #, Etc.

City

Clearwater

State
FL

Zip Code

33765

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

Bruce C. Baldwin

REGISTERED AGENT MUST SIGN

Date 1/3/03

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
Managing Director	Scott Baldwin	3078 Augusta Drive W.	Clearwater, FL 33761

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

Scott A. Baldwin

Date

1/3/02

Daytime Phone #

(727) 443-0443

Typed or printed name of signing Managing Member/Manager

SCOTT A. Baldwin

CR2041 (9/01)