


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
07 AUG -6 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000000205

1. Limited Liability Company's Name

DDRC, LLC

BK

9/29/2000

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 6700 Southwest 118th Avenue		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State	
Zip 33183	Country USA	Zip	Country

4. State/Country of Formation
Florida

**5. Date Organized or Qualified
To Do Business in Florida** 02/16/1998

6. FEI Number
26-0599730

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

8. Name and Address of Current Registered Agent

Name Randall Hill		
Street Address (P.O. Box Number is Not Acceptable) 5050 Southwest 83rd Street		
Suite, Apt. #, Etc.		
City Miami	State FL	Zip Code 33143

BK

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

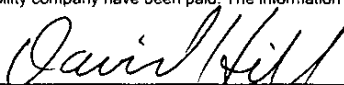
Date 7/27/2007

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	David Hill	6700 Southwest 118th Avenue	Miami, Florida 33183
MGR	Christine C. Hill	6700 Southwest 118th Avenue	Miami, Florida 33183
REINSTATEMENT 2000-2007			
700107583597 08/10/07--01048--003 **500.00			

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 7/27/2007

Daytime Phone # 305-794-7206

Typed or printed name of signing Managing Member/Manager **David Hill**