

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 MAY 25 PM 5:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L980000000243**

1. Limited Liability Company's Name

**DC & Z LLC
7227 CLINT MOORE Rd
BOCA RATON, FL 33496**

2. Principal Office Address

7227 CLINT MOORE RD

Suite, Apt. #, etc.

City & State

BOCA RATON, FL.

Zip

33496

Country

USA

3. Mailing Office Address

4609 RIO GRANDE BLVD.

Suite, Apt. #, etc.

City & State

ALBUQUERQUE, N.M.

Zip

87107

Country

USA

4. State/Country of Formation

FLORIDA / USA

**5. Date Organized or Qualified
To Do Business in Florida**

2-28-98

6. FEI Number

65-D898495

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

JOSEPH ZAPPALA

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

7227 CLINT MOORE RD.

Suite, Apt. #, etc.

City

BOCA RATON

State

FL

Zip Code

33496

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 of Joseph Zappala]
REGISTERED AGENT MUST SIGN

Date

5/20/01

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
	JOSEPH ZAPPALA	7227 CLINT MOORE RD	BOCA RATON, FL 33496
	CO-MANAGING MEMBER		
	NUNZIO De SANTIS	4609 RIO GRANDE BLVD	
	Co-MANAGING Member	ALBUQUERQUE, NM 87107	

REINSTATEMENT

2000-2001

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 of Nunzio De Santis]

Date **5/20/01**

Daytime Phone #

888-263-3096

Typed or printed name of signing Managing Member/Manager

NUNZIO De SANTIS.