

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 29 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

rf

DOCUMENT # **L98-1069**

1. Limited Liability Company's Name

DK VENTURES, LLC.

2. Principal Office Address

6562 BELVEDERE RD.

Suite, Apt. #, etc.

City & State

WEST PALM, FLA

Zip

33413 FLA.

Country

3. Mailing Office Address

6562 BELVEDERE RD.

Suite, Apt. #, etc.

City & State

WEST PALM, FLA

Zip

33413 US

Country

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

6/99

6. FEI Number

65-0851951

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

STUART M. LEDIS

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

6562 BELVEDERE RD.

Suite, Apt. #, Etc.

City

WEST PALM

State

FL

Zip Code

33413

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

Stuart M. Ledis

REGISTERED AGENT MUST SIGN

Date

12/24/00

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
MEM	SAME AS ABOVE		700003554567--5 -01/19/01-01007-002 ****150.00 ****150.00

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

Stuart M. Ledis

Date

12/24/00

Daytime Phone #

561 7187162

Typed or printed name of signing Managing Member/Manager

STUART M. LEDIS