

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

02 JUL 15 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

DOCUMENT # L98000002448

1. Limited Liability Company's Name

DSIF, L.L.C.

REINSTATEMENT

7001-2002

2. Principal Office Address
1360 Glen Oaks Drive

Suite, Apt. #, etc.

City & State
West Des Moines, Iowa

Zip
50266

Country
Polk

3. Mailing Office Address
1360 Glen Oaks Drive

Suite, Apt. #, etc.

City & State
West Des Moines, Iowa

Zip
50266

Country
Polk

4. State/Country of Formation

Florida/ Lee County

5. Date Organized or Qualified
To Do Business in Florida 10/26/98 and
recorded 10/27/98

6. FEI Number

582423044

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
Richard A. Collman

Street Address (P.O. Box Number is Not Acceptable)
1648 Periwinkle Way

Suite, Apt. #, Etc.
Suite B.

City
Sanibel

200006453152--6
-07/16/02--01052--013

***200.00 ***200.00

State
FL

Zip Code
33957

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 Richard A. Collman

REGISTERED AGENT MUST SIGN

Date 7-10-02

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
MGRM	David L. Miller	1360 Glen Oaks Drive	West Des Moines, Iowa 50266

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 David L. Miller

Date 7-11-02

Daytime Phone # 515-222-2310

Typed or printed name of signing Managing Member/Manager David L. Miller

CR2E041 (9/01)