

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L98000002448

1. Limited Liability Company's Name

DSIF, L.L.C.

2. Principal Office Address

1360 Glen Oaks Drive

Suite, Apt. #, etc.

City & State

West Des Moines, IA 50266

Zip

50266

Country

USA

3. Mailing Office Address

1360 Glen Oaks Drive

Suite, Apt. #, etc.

City & State

West Des Moines, IA 50266

Zip

50266

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida

10/27/1998

6. FEI Number

582423044

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

FILED
04 FEB 26 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B/K
300029894703
03/04/04--01052--001 **200.00

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 B.

Suite, Apt. #, Etc.

City

Sanibel

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

2-25-04

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, IA 50266

REINSTATEMENT 2003-2004

B/K

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

2/25/04

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

David L. Miller

CP2E041 (10/02)