

L99000000454

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR 23 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000 454

1. Limited Liability Company's Name

THE ADVENTURES OF DZ LLC

2. Principal Office Address

1939 TYLER ST

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

HOLLYWOOD - FL

City & State

Zip

33020

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

1/27/99

6. FEI Number

65-0891537

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

THOMAS W MOODY

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

1939 TYLER ST

Suite, Apt. #, Etc.

City

HOLLYWOOD FL

500016698995

04/23/03--01012--024 **150.00

500016698995

04/23/03 01012 025 **50.00

State

FL

Zip Code

33020

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

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	THOMAS W MOODY	1939 TYLER ST	HOLLYWOOD FL 33020
MEM	THOMAS W MOODY	1939 TYLER ST	HOLLYWOOD FL 33020
MGR	LORY B MOODY	1939 TYLER ST	HOLLYWOOD FL 33020
MEM	LORY B MOODY	1939 TYLER ST	HOLLYWOOD FL 33020

REINSTATEMENT

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

Daytime Phone#

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)