

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 30 PM 11:02

[Handwritten signature]

REINSTATEMENT 2000

DOCUMENT # L99000001122

1. Limited Liability Company's Name

DLD Associates, L.C.

2. Principal Office Address

256 Ridgeview Road
Suite, Apt. #, etc.

City & State

Palm Beach, FL

Zip

33480

Country

USA

3. Mailing Office Address

c/o Dunst, 1172 Park Ave
Suite, Apt. #, etc.
Apt 14B

City & State

New York, NY

Zip

10128

Country

USA

4. State/Country of Formation

Florida/Palm Beach County

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

March 1, 1999

6. FEI Number

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

Jack McDonald

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

2875 South Ocean Blvd.

Suite, Apt. #, Etc.

City

Palm Beach

State

FL

Zip Code

33480

800003459448-3

-11709700-01096-022

***150.00 ***150.00

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

[Handwritten signature]

REGISTERED AGENT MUST SIGN

Date 10.25.00

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 |
|--------|--------------------------------------|---|--------------------|
| MGRM | Laurence Dunst | 1172 Park Avenue, Apt14B | New York, NY 10128 |
| MGRM | Diane Dunst | 1172 Park Avenue, Apt14B | New York, NY 10128 |
| | | | |
| | | | |
| | | | |
| | | | |

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

[Handwritten signature: Laurence D. Dunst]

Date 10/24/00 Daytime Phone# 212 414 7001

Typed or printed name of signing Managing Member/Manager Laurence D. Dunst

CR2E041 (9/00)