

AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM: 26

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001666

1. Limited Liability Company's Name

DESANTIS & DESANTIS OF FLORIDA, L.L.C.

2. Principal Office Address

3801 South Ocean Drive

Suite, Apt. #, etc.

PH J

City & State

HOLLYWOOD FLOIRDA

Zip

33019-2925

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

SAME

Country

SAME

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

3/99

6. FEI Number

65-0916242

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

RALPH DESANTIS

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

3801 SOUTH OCEAN DRIVE

Suite, Apt. #, Etc.

PH J

City

HOLLYWOOD

State

FL

Zip Code

33019-2925

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

Date 4/11/01

REGISTERED AGENT MUST SIGN

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	RALPH DESANTIS	3801 South Ocean Drive,	PH J Hollywood, FL 33019-2925

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4/11-01

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 4/11/01

Daytime Phone # 561 212 5894

Typed or printed name of signing Managing Member/Manager

RALPH DESANTIS

CR2E041 (9/00)



ACCOUNT NO. : 072100000032

REFERENCE : 116284 7145484

AUTHORIZATION : *Patricia [signature]*

COST LIMIT : \$ 205.00

ORDER DATE : April 16, 2001

ORDER TIME : 10:12 AM

ORDER NO. : 116284-005

CUSTOMER NO: 7145484

CUSTOMER: Mr. William Ekback
Levinson & Lichtman, LLP
Suite 400
501 Brickell Key Drive
Miami, FL 33131

DOMESTIC FILINGS

NAME: DESANTIS & DESANTIS OF
FLORIDA, L.L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS _____

RECEIVED
01 APR 16 AM 10:39
DIVISION OF CORPORATION