

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

01 OCT 22 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L 99000001949**

1. Limited Liability Company's Name

DELANG DIRECT LLC

REINSTATEMENT 2001

2. Principal Office Address

801 INTERNATIONAL PKWY #500

3. Mailing Office Address

Suite, Apt. #, etc.

#500

Suite, Apt. #, etc.

City & State

LAKE MARY, FL

City & State

Zip

32746

Country

USA

Zip

Country

4. State/Country of Formation

FLA

5. Date Organized or Qualified
To Do Business in Florida

4-2-99

6. FEI Number

59-357-7074

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

GERRY DELANG

700004658387--1

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

801 INTERNATIONAL PKWY

-10/30/01--01002--023

*****150.00 ***150.00**

Suite, Apt. #, Etc.

#500

City

LAKE MARY

State

FL

Zip Code

32746

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

Gerry Delang

REGISTERED AGENT MUST SIGN

Date **10/12/01**

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

PRES

GERRY DELANG

801 INTERNATIONAL PKWY #500

LAKE MARY, FL. 32746

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

Gerry Delang

Date **10-12-01**

Daytime Phone #

407-562-1853

407-948-1350

Typed or printed name of signing Managing Member/Manager

GERRY DELANG

CR2E041 (9/01)