PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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DBSL MANAGEMENT, LLC 8571 EGRET LAKES LANE

WEST PALM BEACH FL 33412-1529

Name and Mailing Address

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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2. New Mailing Address 4. State/Country of Formation City,-State,-Zip 5. Date Organized or Qualified To Do Business in Florida 06/28/1999 Principal Place of Business 6. FEI Number Applied For 3. New Principal Place of Business Address 8571 EGRET LAKES LANE NOT APPLICABLE Not Applicable WEST PALM BEACH FL 33412 City, State, Zip 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name LUNDBERG, SUSAN Street Address (P.O. Box Number is Not Acceptable) 8571 EGRET LAKES AVE. WEST PALM BEACH FL 33412-0000 Zip Code 10. 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 11. Names and Street Addresses of Each Managing Member/Manager Name of Managing Street Address of Each Title(s) City / State / Zip Members/Managers Managing Member/Manager LUNDBORG, SUSAN 8571 EGRET LAKES LANE WEST PALM BEACH FL 33412 **ISTATEMENT**

12. 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 filling 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 10 31 0 2 Daytime Phone # 56 (-776-) K/A

CR2E084 (8/02)