

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 11 AM 8:43

DOCUMENT # L99000007060

1. Limited Liability Company's Name

D.E.H., L.L.C.

2. Principal Office Address

1518 Ocean Drive

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32963

Country

United
States

3. Mailing Office Address

1518 Ocean Drive

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32963

Country

United
States

CR2E041 (8/05)

4. State/Country of Formation

Florida, United States

5. Date Organized or Qualified

To Do Business in Florida October 18, 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

Robin A. Lloyd, Sr.

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

3545 Ocean Drive

Suite, Apt. #, Etc.

Suite 201

City

Vero Beach

State

FL

Zip Code

32963

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

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	Derek E. Heath	1518 Ocean Drive	Vero Beach, FL 32963

REINSTATEMENT 01-05

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

10-5-05

Daytime Phone #

Typed or printed name of signing Managing Member/Manager