PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 JUL 10 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT # M08000002594

1. Limited Liability Company's Name

D2 FLA Realty, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1 Church Street	1 Church Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Webster, MA	City & State: Webster, MA
Zip: 01570 Country: Worcester	Zip: 01570 Country: Worcester

4. State/Country of Formation: Massachusetts

5. Date Organized or Qualified To Do Business in Florida: 6/2/08

6. FEI Number: 26-2602041 ☐ 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: Wilson C. Atkinson, III, Esq.

Street Address (P.O. Box Number is Not Acceptable): 1200 East Las Olas Blvd.

Suite, Apt. #, Etc.: Suite 500

City: Fort Lauderdale State: FL Zip Code: 33301

E-mail Address:
000238730T240
Wilson.Atkinson@fowlerwhite.com
(To be used for future annual report notices)

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: [signature] Date: 7-9-12
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
MGRM	William N. DuPont	1 Church Street	Webster, MA 01570
MGRM	Debra DuPont Schmidt	1 Church Street	Webster, MA 01570
MGRM	Richard E. DuPont	1 Church Street	Webster, MA 01570

REINSTATEMENT

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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: [signature] Date: 7/6/12 Daytime Phone # 508-943-7560

Typed or printed name of signing Managing Member/Manager: William N. DuPont

B. BOSTICK

JUL 11 2012

EXAMINER

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : I20000000195

REFERENCE : 270309 7735547

AUTHORIZATION : Lynn Coleman

COST LIMIT : $ 551.25

ORDER DATE : July 10, 2012

ORDER TIME : 11:10 AM

ORDER NO. : 270309-005

CUSTOMER NO: 7735547

REINSTATEMENT

NAME: D2 FLA REALTY, LLC

RECEIVED
12 JUL 10 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
_____ PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS _____

FILED
12 JUL 10 AM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JUL 11 2012

EXAMINER