PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2016 SEP 19 PM 3:50

DOCUMENT # M14000002482

1. Limited Liability Company's Name
DB Lakewood Ranch, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
20 Losson Road		20 Losson Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 215		Suite 215	
City & State		City & State	
Buffalo, New York		Buffalo, New York	
Zip	Country	Zip	Country
14227	USA	14227	USA

4. State/Country of Formation
New York

5. Date Organized or Qualified To Do Business in Florida
April 01, 2014

6. FEI Number
46-5357072
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
C T Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
Suite, Apt. #, Etc.
City: Plantation | State: FL | Zip Code: 33324

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: ANN J. WILLIAMS Assistant Vice President
REGISTERED AGENT MUST SIGN
Date: Sept. 19, 2016

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Manager	Anthony Insinna	20 Losson Road Suite 215	Buffalo, New York 14227
Manager	John Militello	493 Kennedy Road	Buffalo, New York 14227
Manager	Philip J. Young	6715 Transit Road	East Amherst, New York 14051
	REINSTATEMENT 2015-2016		

11. E-mail Address: anthony.insinna@doodlebugs.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0112, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: _____ Date: 9/16/2016 Daytime Phone #: 866.668.5111

Typed or printed name of signing Authorized Representative/Manager: Anthony Insinna

SEP 19 2016

L BERGER