

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT #

1. Limited Liability Company's Name

DDC 1, LLC

M98-997

dis
10/14/99

99-01

2. Principal Office Address

5801 W. 11th Street

Suite, Apt. #, etc.

Suite 201

City & State

Greeley, CO

Zip

80634

Country

USA

3. Mailing Office Address

5801 W. 11th Street

Suite, Apt. #, etc.

Suite 201

City & State

Greeley, CO

Zip

80634

Country

USA

4. State/Country of Formation
Colorado

5. Date Organized or Qualified
To Do Business in Florida

09/09/98

6. FEI Number

522060505

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

James M. Miller, Esquire

800003631238-9

-02/02/01--01105--003

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

112 W. Citrus Street

****250.00 ****250.00

Suite, Apt. #, Etc.

City

Altamonte Springs

State
FL

Zip Code

32714-2502

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

James M. Miller

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	Katherine A. Roche	5801 W. 11th Street	Greeley, CO 80634
	50-99		
	30-00		mp
	50-01		
	100-Rein		
	250.00		

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

Katherine A. Roche

Date

1/8/00

Daytime Phone # (970) 336-7190

Typed or printed name of signing Managing Member/Manager

KATHERINE A. Roche