

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 APR 13 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD1000087482

1. Limited Liability Company's Name

DFL ENTERPRISES, INC.

~~WFO6000015903~~

CR2E041 (8/05)

2. Principal Office Address

2498 COCOANUT RD

Suite, Apt. #, etc.

3. Mailing Office Address

2498 COCOANUT RD

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33432

Country

USA

City & State

BOCA RATON, FL

Zip

33432

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

9/4/2001

6. FEI Number

651136341

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

DONNA FLORES

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

2498 COCOANUT RD

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33432

600073518558

05/01/06--01056--015 ***1050.00

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

Donna Flores

REGISTERED AGENT MUST SIGN

Date 3-23-06

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
Dir	DONNA FLORES	2498 COCOANUT RD	BOCA RATON, FL 33432

REINSTATEMENT 05-06

Donna Flores

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

Donna Flores

Date 3-23-06

Daytime Phone # 561-309-4083

Typed or printed name of signing Managing Member/Manager

DONNA FLORES