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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 'AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000002302

Name and Mailing Address

0001336 01 AT 0.292 \*\*AUTO T7 1 0615 32127-730981

DUNN'S INSPECTION SERVICE, LLC  
81 RAINS COURT  
PONCE INLET FL 32127-7309

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/24/2000	
Principal Place of Business 81 RAINS COURT PONCE INLET FL 32127	3. New Principal Place of Business Address City, State, Zip	6. FEI Number NOT APPLICABLE	Applied For Not Applicable
8. Name and Address of Current Registered Agent DUNN, ROBERT A 81 RAINS COURT PONCE INLET FL 32127		9. Name and Address of New Registered Agent Name Street Address (P.O. Box) 10/27/03-01072-001 **150.00 City FL Zip Code	
10. 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 <i>Robert A. Dunn</i> <b>REGISTERED AGENT REQUIRED</b> Date <u>10-23-03</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	DUNN, CHRISTINE A	81 RAINS COURT	PONCE INLET FL
MGRM	DUNN, ROBERT A	81 RAINS COURT	PONCE INLET FL
REINSTATEMENT <u>03</u> dec			
12. 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 <i>Christine A. Dunn</i> <b>REGISTERED AGENT REQUIRED</b>		Date <u>10/24/03</u>	Daytime Phone # <u>386 7614727</u>
Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)