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2007 JUL 31 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # L00000011172

1. Limited Liability Company's Name
The Dunes Group, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
8770 133rd Ave. N.	8770 133rd Ave. N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Largo, Florida	City & State: Largo, Florida
Zip: 33773 Country: USA	Zip: 33773 Country: USA

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: 59-3671489 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Kevin R. Rosenberger
Street Address (P.O. Box Number is Not Acceptable): 8770 133rd Ave. N.
Suite, Apt. #, Etc.:
City: Largo, FL State: FL Zip Code: 33773

☒ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: 7/18/07
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member or Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Kevin R. Rosenberger	2184 Pinnacle Circle	Palm Harbor, FL 34684
MBR	Patricia Rosenberger	2184 Pinnacle Circle	Palm Harbor, FL 34684

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REINSTATEMENT 2004-2007 LS

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 608.408, 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: [signature] Date: 7/18/07 Daytime Phone # 727-535-4651

Typed or printed name of signing Managing Member/Manager: Kevin R. Rosenberger