

JUL-31-2007 TUE 08:38 AM ENGLANDER&FISCHER P.A

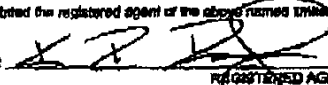
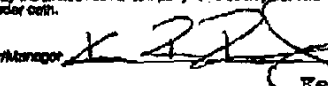
FAX NO. 172

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PLEASE READ ALL INSTRUCTIONS BEFORE COM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L00000011172					
1. Limited Liability Company's Name The Dunes Group, LLC					
2. Principal Office Address - No P.O. Box # 8770 133rd Ave. N. Suite, Apt. #, etc.		3. Mailing Office Address 8770 133rd Ave. N. Suite, Apt. #, etc.		4. State/Country of Formation Florida, USA	
City & State Largo, Florida		City & State Largo, Florida		5. Date Organized or Qualified To Do Business in Florida	
Zip 33773	Country USA	Zip 33773	Country USA	6. FEI Number 59-3671489	Applied For ☐ Not Applicable ☒
7. 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				7. CERTIFICATE OF STATUS DERIVED ☐ ☒ 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.	
8. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S. Signature of Registered Agent  Date 7/18/07 REGISTERED AGENT MUST SIGN					
9. Name and Street Address of Managing Member/Managers					
Title	Name of Managing Member/Managers	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 IS					
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 606.406, 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  Date 7/18/07 Daytime Phone # 727-535-4651 Typed or printed name of signing Managing Member/Manager Kevin R. Rosenberger					

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