

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 #

L-15693

1. Limited Liability Company's Name

Dyer Apartments LLC
REINSTATEMENT 2001-2002

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-01/29/02--01031--014
*****50.00 *****50.00

2. Principal Office Address

2660 Tecumseh Drive

Suite, Apt. #, etc.

3. Mailing Office Address

2660 Tecumseh Drive

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33409

Country

USA

City & State

West Palm Beach, FL

Zip

33409

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

65-1123529

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

LIND DYER MGRM

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

2660 Tecumseh Drive

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33409

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

MGRM

Date 10/26/01

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
President	LIND DYER MGRM	2660 Tecumseh Drive West Palm Beach, FL 33409	33409 West Palm Beach FL
	Mike Dyer MGRM	2660 Tecumseh Drive	33409 West Palm Beach FL

REINSTATEMENT 2001-2002

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

MGRM

Date 10/26/01

Daytime Phone # 561-686-3877

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)