

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2005 MAY -6 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400054341274
05/12/05--01072--019 **300.00

DOCUMENT #

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1. Limited Liability Company's Name

DUMARC PROPERTIES LLC

2. Principal Office Address

Suite, Apt. #, etc.

12624 LAKE DENISE BLVD

City & State

CLERMONT FLORIDA

Zip

34711

Country

USA

3. Mailing Office Address

SWISS SKI SCHOOL

Suite, Apt. #, etc.

13114 SKIING PARADISE BLVD

City & State

CLERMONT FLORIDA

Zip

34711

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

2001

6. FEI Number

59-3708503

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

MR MARK BURRIDGE

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

12624 LAKE DENISE BLVD

Suite, Apt. #, Etc.

City

CLERMONT

State

FL

Zip Code

34711

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

REGISTERED AGENT MUST SIGN

Date 2nd April 05

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
MGR	DENISE GRIMM	13114 SKIING PARADISE BLVD	CLERMONT, FLORIDA 34711
MGRM	MARK BURRIDGE	48 PINE WALK, CARSHALTON	SURREY SM5 4HD UK

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

Date 2nd April 05

Daytime Phone # 352 429 2178

Typed or printed name of signing Managing Member/Manager

MARK BURRIDGE

CR2E041 (10/02)