

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 26 AM 9:35

DOCUMENT #

L02000007523

1. Limited Liability Company's Name

DUSHANE REAL ESTATE, L.L.C.

2. Principal Office Address

7023 Langley Pl

Suite, Apt. #, etc.

City & State

University Park, FL

Zip

34201

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

Florida

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

6. FEI Number

03-0413487

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

Ceil DuShane

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

7023 Langley Place

Suite, Apt. #, Etc.

City

University Park

State

FL

Zip Code

34201

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

Ceil DuShane

Date 6-7-05

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
MGR	Ceil DuShane	7023 Langley Place	University Park, FL 34201

REINSTATEMENT 03-05

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

Ceil DuShane

Date 6-7-05

Daytime Phone# 941-350-8031

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)