

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 60200008522

1. Limited Liability Company's Name

DUMLOC, LLC

2. Principal Office Address - No P.O. Box #

3410 PINE HAVEN CR.

Suite, Apt. #, etc.

3. Mailing Office Address

3410 PINE HAVEN CR.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON FL

Zip

33431

Country

USA

Zip

33431

Country

USA

4. State/Country of Formation

PALE BEACH

5. Date Organized or Qualified  
To Do Business in Florida

APRIL 10, 2002

6. FEI Number

595929470

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

WILLIAM L. KLUG

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

3410 PINE HAVEN CR.

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33431

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

William L. Klug  
REGISTERED AGENT MUST SIGN

Date

7/26/10

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
PRES.	WILLIAM L. KLUG	3410 PINE HAVEN CR BOCA RATON FL 33431	BOCA RATON, FL 33431

**REINSTATEMENT**

DS-70

CR 8-4-10

11. E-mail Address: BILLKLUG93@aol.com

(To be used for future annual report notifications)

12. 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

William L. Klug

Date

7/26/10

Daytime Phone #

561-278-8358

Typed or printed name of signing Managing Member/Manager

WILLIAM L. KLUG