

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -1 AM 8:33



DOCUMENT # L02000012564		1. Entity Name CHARLES F. DODGE, LLC	
Principal Place of Business 10041 PINES BLVD SUITE A PEMBROKE PINES, FL 33026		Mailing Address 1801 NW 119TH TERRACE PEMBROKE PINES, FL 33026	
2. Principal Place of Business <i>10950 SW 48th St</i>		3. Mailing Address <i>10950 SW 48th STREET</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Cooper City, Fla</i>		City & State <i>Cooper City, FL</i>	
Zip <i>33328</i>		Country <i>USA</i>	
4. FEI Number 75-3100528		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		11282006 REIN-LLC CR2E101 (11/05)	
6. Name and Address of Current Registered Agent DODGE, CHARLES F 1801 NW 119TH TERRACE PEMBROKE PINES, FL 33026		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
<i>10950 SW 48th STREET</i>		<i>10950 SW 48th STREET</i>	
City		City	
<i>Cooper City</i>		<i>Cooper City</i>	
State		State	
<i>FL</i>		<i>FL</i>	
Zip Code		Zip Code	
<i>33328</i>		<i>33328</i>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Charles F. Dodge</i>		DATE <i>11/29/06</i>	
Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DODGE, CHARLES F 1801 NW 119TH TERRACE PEMBROKE PINES, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>10950 SW 48th St. Cooper City, FL 33328</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAYESKI, MARTIN J 1021 SW 149TH TERR. PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>200082212182 12/01/06--01050--016 **55.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>Charles F. Dodge</i>		Date: <i>11/29/06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #: <i>954-562-6602</i>	