

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 DEC 30 AM 10:08

**DOCUMENT # L02000022278**

1. Limited Liability Company's Name

Dalesmen Property Services llc

CR2E041 (8/05)

2. Principal Office Address

3337 Pellam Blv

Suite, Apt. #, etc.

3. Mailing Office Address

3337 Pellam Blv

Suite, Apt. #, etc.

City & State

Port Charlotte FL

City & State

Port Charlotte FL

Zip

33948

Country

Zip

33948

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

28 - 08 - 2002

6. FEI Number

46 - 0498647

☒ 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

Josiah E Smith

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

3337 Pellam Blv

Suite, Apt. #, Etc.

City

Port Charlotte

State

FL

Zip Code

33948

700065002207

02/01/06--01083--004 \*\$100.00

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

*J E Smith*

Date 11-JAN-06

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
Mr	Kevin Jubb	3337 Pellam Blv	Port Charlotte FL 33948
		REINSTATEMENT	04-05

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

*K Jubb*

Date 11-Jan-06

Daytime Phone # 941 235 9160

Typed or printed name of signing Managing Member/Manager

KEVIN JUBB

**DALESMEN PROPERTY SERVICES L.L.C.**

DALESMEN PROPERTY  
SERVICES.L.L.C.  
3337 Pellam Blvd  
Port Charlotte, Florida, 33948

Phone: 941-235-9160  
Email: kevinjubb@earthlink.com

*12 January 2006*

**REF: REINSTATEMENT OF DALESMEN PROPERTY SERVICES LLC.**

**Please find enclosed a completed application for the reinstatement of Dalesmen Property Services LLC.**

**As I did not receive prior notification of your decision, I enclose a check for \$100.00 to cover the reinstatement fee, as agreed following a telephone conversation with a member of your staff on Wednesday 11<sup>th</sup> January 2006.**

**I hope this matter can now be resolved, but should you require any further information please contact me on the following numbers.**

**HOME 941 235 9160**

**CELL 941 815 7712**

**WORK 941 766 8323**

**FAX 941 766 0130**

**E.MAIL brandy44@earthlink.net**

**Yours sincerely**



**J.E.SMITH (President)**