PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| COMPANY REINSTATEMENT COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | | | SECRETARY OF STATE DIVISION OF CORPORATIONS OF THE DIVISION OF CORPORATIONS | | |
|--|---|---|--|--|---|---|
| DOCUMENT # L02000024363 1. Limited Liability Company's Name | | | | 7 | 04 JUN 17 PM 2: 48 | |
| Dakota Enterprises, LLC 2003 | | | | | L 06/23/04 | ŗ |
| 2. Principe Office Address 14690 SW 34th Terrace Rd | | 3. Mailing Office Address same as principal | | 4.004.0 | As a Committee | • |
| Suite, Apt. fg etc. | | Suite, Apt. #, etc. | | Florida | a | |
| | | | | 5. Date Organ To Do Bus | nized or Qualified iness in Florida 9/18/2002 | _ |
| City & State Ocala | الله المستحدة المستحدة المستحدة المستحددة المستحددة المستحددة المستحددة المستحددة المستحددة المستحددة المستحددة | City & State | | 6. FEI Numbe | Applied For Not Applicable | |
| zip 34473 | Country | Zip | Country | 7. | Not Applicable Solution of Status Not Applicable Solution of Status Solution of Status | |
| | 2 | 8. N | Name and Address of Current Regis | tered Agent | | - |
| | | | | | | |
| 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 Date 5-5-04 REGISTERED AGENT MUST SIGN | | | | | | |
| 10. Name | es and Street Addresses of Managing Me | mbers/Managers | 5 | | | Ì |
| Titles | Name of Managing Members/Managers | | Street Address of Each Managing Member/Manager | | City / State / Zip | |
| .MGRM. | -Russell-Cowper- | | _15690-SW-34th Terrace-Road | | -Ocala, FL .34473: | _ |
| <u>د ا</u> لا | | | | | | |
| وَدُرُ | 4 | | | | | |
| | | ħ | ENSTATEME | <u>Turi</u> | 2:003 - 2004 | |
| | | | | <u>-</u> | , , , | |
| filing the all fees as if m | nis reinstatement application the reason for sowed by the limited liability company hat hade under oath. | or dissolution has we been paid. The | s been eliminated, the limited liability content in the limited liability content liability cont | mpany name satisficion is true and accur | ed for in chapter 608, F.S. I further certify that when as the requirements of section 608.406, F.S., and that ate, and my signature shall have the same legal effect Daytime Phone # (352) 347-6760 | |
| Typed or pr | rinted name of signing Managing Membe | r/ManagerHu | ssell Cowper | | | 1 |