

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRET
DIVISION OF STATE
REGISTRATIONS
05 DEC 30 AM 10:49

DOCUMENT # **L03000049214**

1. Limited Liability Company's Name

DUNN - RITE REMODELING LLC

2. Principal Office Address

11740 GRAND HILLS BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

11740 GRAND HILLS BLVD.

Suite, Apt. #, etc.

City & State

CLERMONT, FLORIDA

City & State

CLERMONT, FLORIDA

Zip

34711

Country

UNITED STATES

Zip

34711

Country

UNITED STATES

CR2E041 (8/05)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

12-02-2003

6. FEI Number

510171936

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

TIMOTHY P. DUNN

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

11740 GRAND HILLS BLVD.

Suite, Apt. #, Etc.

City

CLERMONT

State

FL

Zip Code

34711

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 **1-3-2006**

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 | TIMOTHY P. DUNN | 11740 GRAND HILLS BLVD. | CLERMONT FL. 34711 |
| | | REINSTATEMENT 2005 | |
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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

Date **1-3-2006** Daytime Phone # **352-406-7920**

Typed or printed name of signing Managing Member/Manager

TIMOTHY P. DUNN