

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

07 JAN 25 AM 9:12

DOCUMENT # L 04000016542

1. Limited Liability Company's Name

Dunes Pride LLC

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

325 Lockland Cir

Suite, Apt. #, etc.

City & State

Roswell GA 30075

Zip

30075

Country

Florida

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Same

Zip

Country

4. State/Country of Formation

Florida, Gulf County

5. Date Organized or Qualified

To Do Business in Florida Feb '04

6. FEI Number

20-0646446

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

Joseph P. Jones Esq.

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

215 S. Monroe St. Suite 400

Suite, Apt. #, Etc.

400

City

Tallahassee

State

FL

Zip Code

32301

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

1/24/2007

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
Mrs	Veronica Pridemore	325 Lockland Cir	
Mr	Robert Pridemore	Roswell GA 30075	

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

*Veronica Pridemore*

Date 1/18/07

Daytime Phone # 770-595-9665

Typed or printed name of signing Managing Member/Manager

VERONICA Pridemore