

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 APR -5 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L04000030038

1. Limited Liability Company's Name

Dunbar Partners, LLC

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

154 NW Magnolia Lakes Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 881237

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

City & State

Port St. Lucie, FL

Zip

34986

Country

US

Zip

34988

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2004

6. FEI Number

20-1589580

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

MARK H. GOTZ

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

154 NW Magnolia Lakes Blvd.

Suite, Apt. #, Etc.

City

Port St. Lucie

State

FL

Zip Code

34986

☒ 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

Mark H. Gotz

REGISTERED AGENT MUST SIGN

Date 3/28/07

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
M	MARK H. GOTZ	154 NW Magnolia Lakes Blvd.	Port St. Lucie FL 34986
M	Louise Golomb	3260 S. Shore DR, #63C	Punta Gorda, FL 33955
M	GERALD Golomb	3260 S. Shore DR. #63C	Punta Gorda, FL 33955

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04/11/07--01027--013 **150.00

REINSTATEMENT 05-07

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

Mark H. Gotz

Date

3/28/07

Daytime Phone #

772-878-7556

Typed or printed name of signing Managing Member/Manager

MARK H. GOTZ