

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000053034

1. Entity Name
DENT WORKS OF COLORADO SPRINGS, LLC



Principal Place of Business
3255 E. PLATTE AVE.
SUITE E
COLORADO SPRINGS, CO 80909

Mailing Address
3255 E. PLATTE AVE.
SUITE E
COLORADO SPRINGS, CO 80909

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11202008 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-1411412	Applied For
	Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HALLOCK, DAVID D JR
ONE LAKE MORTON DRIVE
LAKELAND, FL 33801

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Handwritten Signature]

(NOTE: Registered Agent signature required when reinstating)

12/8/08

DATE

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

		10. ADDITIONS/CHANGES	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASS, STUART		000138883750
STREET ADDRESS	PO BOX 1113		12/10/08-01039-001 **138.75
CITY-ST-ZIP	SPRINGFIELD, MO 65808		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Stuart A. Bass (STUART A. BASS)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

By, Stuart A. Bass P.A.

Nov. 29, 2008 417-837-6648

Data

Daytime Phone #