

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000064246

Entity Name: DR. RESTORATION, LLC.

FILED
Nov 24, 2009
Secretary of State

Current Principal Place of Business:

5703 US 31 SOUTH
STE. A
INDIANAPOLIS, IN 46227

New Principal Place of Business:

Current Mailing Address:

5703 US 31 SOUTH
STE. A
INDIANAPOLIS, IN 46227

New Mailing Address:

FEI Number: 41-2301617 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: **Name and Address of New Registered Agent:**

BUSINESS SUPPORT INC.
417 STOWE AVE
SUITE A
ORANGE PARK, FL 32073 US

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.

SIGNATURE: LISA B. COGAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RILEY, RICHARD D
Address: 6528 TRAVIS ROAD
City-St-Zip: GREENWOOD, IN 46143

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: JULIE, RILEY A
Address: 6528 TRAVIS ROAD
City-St-Zip: GREENWOOD, IN 46143

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JULIE A RILEY

MGRM

11/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date