

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 JAN -4 PH 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000068007 1. Entity Name HAROLD DUNN CONSTRUCTION LLC					
Principal Place of Business 1749 LOWER BRIDGE RD. CRAWFORDVILLE, FL 32327			Mailing Address 1749 LOWER BRIDGE RD. CRAWFORDVILLE, FL 32327		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. Crawfordville, FL		Suite, Apt. #, etc.			
City & State		City & State			
Zip 32327	Country USA	Zip	Country	4. FFI Number 10262007 REIN-LLC CR2E101 (1/07)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DUNN, HAROLD 1749 LOWER BRIDGE RD. CRAWFORDVILLE, FL 32327			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUNN, HAROLD 1749 LOWER BRIDGE RD. CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete			
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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.			REINSTATEMENT		
SIGNATURE: <i>Harold A. Dunn</i>			12/19/07 519-6180		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		