

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2011 JAN 20 PM 2:04

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000072665

1. Limited Liability Company's Name

DNR Construction, LLC.

100191967561  
01/20/11--01003--023 \*\*665.00

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 1122 se 16th street		3. Mailing Office Address 1122 se 16th street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ocala, FL		City & State Ocala, FL	
Zip 34471	Country U.S.	Zip 34471	Country U.S.
4. State/Country of Formation		5. Date Organized or Qualified To Do Business in Florida 10-07-04	
6. FEI Number 36-4605250		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name Paul H. Dickey			
Street Address (P.O. Box Number is Not Acceptable) 1122 se 16th Street			
Suite, Apt. #, Etc.			
City Ocala		State FL	Zip Code 34471
E-mail Address: dickeyp@embarqmail.com (To be used for future annual report notices)			

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

Paul H. Dickey

Date 1-14-2011

REGISTERED AGENT MUST SIGN

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
MGMR	Paul H Dickey	1122 se 16 Street	Ocala/Florida/34471

REINSTATEMENT

2008-2011

J. SA ILSBE, RY  
MINF I

JAN 21 2011

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

Paul H. Dickey

Date 1-14-2011

Daytime Phone # 352-266-9741

Typed or printed name of signing Managing Member/Manager Paul H Dickey