

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN 15 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L040000091311

1. Limited Liability Company's Name

DR. Remodeling, LLC

CR2E041 (05/10)

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

7320 Bent Grass Loop

Suite, Apt. #, etc.

3. Mailing Office Address

7320 Bent Grass Loop

Suite, Apt. #, etc.

City & State

Winter Haven, FL.

City & State

Winter Haven, FL.

Zip

33884

Country

USA

Zip

33884

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

1/3/05

6. FEI Number

223904690

☐ 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

David M. Norling

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

7320 Bent Grass Loop

Suite, Apt. #, Etc.

City

Winter Haven

State

FL

Zip Code

33884

REINSTATEMENT

2008-10-10

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

David M. Norling

REGISTERED AGENT MUST SIGN

Date

6/11/10

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
MGR	David M. Norling	7320 Bent Grass Loop	Winter Haven, FL. 33884
MGR	Rachel A. Norling	7320 Bent Grass Loop	Winter Haven, FL. 33884

11. E-mail Address: David.norling@live.com OR Rachel.Norling@ymail.com

(To be used for future annual report notifications)

12. 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

David M. Norling

Date

6/11/10

Daytime Phone #

612-685-8181

Typed or printed name of signing Managing Member/Manager

David M. Norling

612-685-7331