

**2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 13, 2011  
Secretary of State**

DOCUMENT# L05000002198

Entity Name: THE DUPRE GROUP LLC

**Current Principal Place of Business:**

1518 SW 50TH STREET  
#304  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

5209 SW 9TH PLACE  
CAPE CORAL, FL 33914

**New Mailing Address:**

FEI Number: 25-1907829

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PALMER, KIP F  
5209 SW 9TH PLACE  
CAPE CORAL, FL 33914 US

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

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: KIP PALMER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PALMER, KIP  
Address: 5209 SW 9TH PLACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM  
Name: PALMER, LYNN M  
Address: 5209 SW 9TH PLACE  
City-St-Zip: CAPE CORAL, FL 33914

I hereby 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: KIP PALMER

MGRM

10/13/2011

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