

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 APR 17 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000011284

1. Limited Liability Company's Name

D.B. BUILDER, LLC

CR2E041 (1/11)

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

2330 N.E. 18th PLACE

Suite, Apt. #, etc.

SUITE B.

City & State

OCALA, FL

Zip

34470

Country

MARION

3. Mailing Office Address

2330 N.E. 18th PLACE

Suite, Apt. #, etc.

SUITE B

City & State

OCALA, FL

Zip

34470

Country

MARION

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

3-24-05

6. FEI Number

51-0537640

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 C. BENGTSON

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

1220 N.E. 12th DRIVE

Suite, Apt. #, Etc.

OCALA

City

State

FL

Zip Code

34470

E-mail Address:

NO WEB E-MAIL @ DOS.
MYFLORIDA.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

REGISTERED AGENT MUST SIGN

Date 3-21-2013

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
MGRM	David Bengtson	1220 NE 12 Dr Ocala, FL 34470	100246041091 03/25/13--01008--018 **546.25

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

Date 3-21-13

Daytime Phone # 352-342-7046

Typed or printed name of signing Managing Member/Manager