

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 DEC -4 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L05000017803

1. Limited Liability Company's Name

DUNLAP ENTERPRISES, LLC.

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

1714 SW 10th Ave

Suite, Apt. #, etc.

City & State

Cape Coral, FL

Zip Country

33991 U.S.

3. Mailing Office Address

1714 SW 10th Ave

Suite, Apt. #, etc.

City & State

Cape Coral, FL

Zip Country

33991 U.S.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2/22/05

6. FEI Number

None

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

Anthony S. Dunlap

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

1714 SW 10th Ave

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33991

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Anthony S. Dunlap

REGISTERED AGENT MUST SIGN

Date 11/29/07

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	Anthony Dunlap	1714 SW 10th Ave	Cape Coral, FL 33991

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.

Signature of
Managing Member/Manager

Anthony S. Dunlap

Date 11/29/07

Daytime Phone# 239-989-7179

Typed or printed name of signing Managing Member/Manager

Anthony S. Dunlap