

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUL 24 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700133411057
07/24/08--01034--010 **446.25

CR2E081 (12/07)

DOCUMENT # L05000053680

1. Corporation Name

DBR PROPERTIES LLC

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

674 REHWINKEL RD.

Suite, Apt. #, etc.

City & State

CRAWFORDVILLE, FL.

Zip

32327

Country

USA

3. Mailing Office Address

674 REHWINKEL RD.

Suite, Apt. #, etc.

City & State

CRAWFORDVILLE, FL.

Zip

32327

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
42-1667452

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DARDRA POTTER

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

674 REHWINKEL RD.

Suite, Apt. #, Etc.

City

CRAWFORDVILLE, FL.

State

FL

Zip Code

32327

☒ The 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 reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Dardra Potter

Date 07/24/2008

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGRM	TIMOTHY POTTER	674 REHWINKEL RD.	CRAWFORDVILLE, FL. 32327

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/24/2008

Date

Daytime Phone #

694-8724