

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JAN 16 PM 3:59

DOCUMENT # L05000099311

1. Limited Liability Company's Name

DUNN RIGHT SERVICES LLC,
20622

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

CHESTNUT ST.

Suite, Apt. #, etc.

DUNNELLO

City & State

FL.

Zip

34431

Country

USA

3. Mailing Office Address

20622

Suite, Apt. #, etc.

CHESTNUT ST.

City & State

DUNNELLO FL.

Zip

34431

Country

USA

CR2E041 (12/07)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

9MD./ASAP

6. FEI Number

16-1736046

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 And Submitting required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

ERIC DUNN

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

20622 CHESTNUT ST.

Suite, Apt. #, Etc.

DUNNELLO FL.

City

State

FL

Zip Code

34431

☒ 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

ERIC DUNN

Date

1.14.08

REGISTERED AGENT MUST SIGN

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
MNGR.	ERIC DUNN	20622 CHESTNUT ST.	DUNNELLO FL. 34431

REINSTATEMENT 2006-08

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

ERIC DUNN

Date

1.14.08

Daytime Phone #

352.304.1025

Typed or printed name of signing Managing Member/Manager

ERIC DUNN