

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

14 JUN 19 AM 9:26

DOCUMENT # L07000055613

1. Limited Liability Company's Name

DUNN ASSOCIATION MANAGEMENT
PARTNERS, LLC

CR2E041 (1/14)

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

16500 PCB PKWY

3. Mailing Office Address

PO BOX 7781

Suite, Apt. #, etc.

SUITE B.

Suite, Apt. #, etc.

~~PO~~

City & State

PCB, FL

City & State

PCB, FL

Zip

32413

Country

USA

Zip

32413

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

5/24/07

6. FEI Number

260237739

☐ 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

GARY DUNN

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

16500 PCB PKWY

Suite, Apt. #, Etc.

SUITE B

City

PCB

State

FL

Zip Code

32413

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

(REGISTERED AGENT MUST SIGN)

Date 5/16/14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR.	GARY DUNN	16500 PCB PKWY, SUITE B	PCB, FL 32413

11. E-mail Address: garydunn3535@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager of 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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date 5/16/14

Daytime Phone # 850 814 4080

Typed or printed name of signing Authorized Representative/Manager

GARY DUNN