

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000071442

1. Limited Liability Company's Name

DORSETT INVESTMENT GROUP, LLC.

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

2428 SW 103 AVENUE

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

Zip

33025

Country

USA

3. Mailing Office Address

2428 SW 103 AVENUE

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

Zip

33025

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified

To Do Business in Florida 07/10/2007

6. FEI Number

26-2275455

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

BERNARD DORSETT

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

2428 SW 103 AVENUE

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33025

☒ 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.

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11/24/09-01039-019 **277.5

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

Bernard Dorsett

Date 11/9/2009

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
MGRM	MARK DORSETT	6303 HARBOR BEND	MARGATE / FL / 33063
MGRM	PHILLIP DORSETT	712 WEST DAYTON CIRCLE	FORT LAUDERDALE / FL / 33312
MGRM	ANTHONY DORSETT	5333 SW 20 STREET	WEST PARK / FL / 33023
MGRM	NENA FLOYD	4711 SW 24 STREET	WEST PARK / FL / 33023
MGRM	BERNARD DORSETT	2428 SW 103 AVENUE	MIRAMAR / FL / 33025

REINSTATEMENT 2008-09

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

Bernard Dorsett

Date 11/9/2009

Daytime Phone # 305-219-2881

Typed or printed name of signing Managing Member/Manager BERNARD DORSETT