PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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COMPANY REINSTATEMENT LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				FILED 10 APR 30 PM 1: 27			
DOCUMENT # L07000088932 1. Limited Liability Company's Name				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
DORMAN CHEATWOOD, LLC				700180236747 05/04/1001008002 **521.25			
Principal Office Address - No P.O. Box # 3. Mailing Office Address				CR2E041 (11/09)			
· ·		3. Mailing Office Address		4. State/Country of Formation			
Suite, Apt. #, etc.	Wheeler Road	1501 E. Wheeler Road Suite, Apt. #, etc.		Florida 5. Date Organized or Qualified To D. Business in Florida			
City & State		City & State		August 30, 2007			
Seffner, FL		Seffner, FL		6. FEI Number Applied For Not Applicable			
^{Zip} 33584	Country	Zip 33584	Country US	7. CERTIFICATE		Additional Fee required r a Certificate of Status	
33304	8. Name and Address of				Αγ.,		
Timothy M. Dorman Street Address (P.O. Box Number is Not Acceptable) 1501 E. Wheeler Road Suite, Apt. #, Etc. City Seffner			State Zip Code FL 33584	☐ 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.		e entity did not y checking this ior notices were	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and as Signature of Registered Agent REGISTERED AGENT MUST SIGN					Date 4/30//8		
10. Names and Street Addresses of Managing Members/Managers							
Titles	Titles Name of Managing Members/Managers		Street Address of Each Managing Member/Manag		City / State	e / Zıp	
MGRM Timot	Timothy M. Dorman		1501 E. Wheeler Road		Seffner, FL 3	3584	
L. SI	ELLERS						
MAY -7 2010							
EXAMINER			REINSTA		EMENT	3010	
11. E-mail Address: mdorman 01 @ yahoo . com (To be used for future annual report notifications)							
12. 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 filling 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 Date Date							
Typed or printed name of signing Managing Member/Manager Timothy M. Dorman 5284							