

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2019 APR 24 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400328495944
04/24/19--01022--002 **277.50

CR2E041 (1/14)

DOCUMENT # **L08000100506**

1. Limited Liability Company's Name

DUNED IN SCREENING SERVICE LLC

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

400 Island Way

Suite, Apt. #, etc.

1002

City & State

CLEARWATER FL

Zip

33767

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

F 2636 02746

☐ 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

Russell Adams

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

400 ISLAND WAY

Apt. #, Etc.

1002

City

CLEARWATER

State

FL

Zip Code

33767

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

4/16/2019

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
MGRM	Russell Adams	400 Island Way 1002	CLEARWATER, FL 33767
			B McKNIGHT
			APR 24 2019

11. E-mail Address **Russ Adams 39 @ GMAIL.COM**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

4/16/2019

Daytime Phone #

727 432-3560