

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000027460

Entity Name: DIRT NAP VENTURES LLC

**FILED**  
**Oct 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4407 ETHAN LANE  
204  
ORLANDO, FL 32814 US

**New Principal Place of Business:**

**Current Mailing Address:**

4407 ETHAN LANE  
204  
ORLANDO, FL 32814 US

**New Mailing Address:**

FEI Number: 27-2296621

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
A  
TAMPA, FL 33688 US

**Name and Address of New Registered Agent:**

WOLSONOVICH, NICHOLAS M JR  
1953 LAKE ROBERTS LANDING DRIVE  
WINTER GARDEN, FL 34787 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NICHOLAS M WOLSONOVICH JR.

10/26/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KUPETZ, ALLEN H  
Address: 4407 ETHAN LANE #204  
City-St-Zip: ORLANDO, FL 32814 US

Title: MGRM  
Name: HABERLAND, GARY  
Address: 4407 ETHAN LANE #204  
City-St-Zip: ORLANDO, FL 32814 US

Title: MGRM  
Name: CROWE, KEITH  
Address: 4407 ETHAN LANE #204  
City-St-Zip: ORLANDO, FL 32814 US

Title: MGRM  
Name: UPTON, LEE  
Address: 4407 ETHAN LANE #204  
City-St-Zip: ORLANDO, FL 32814 US

Title: MGRM  
Name: WOLSONOVICH, MICHAEL  
Address: 4407 ETHAN LANE #204  
City-St-Zip: ORLANDO, FL 32814 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL WOLSONOVICH

MGRM

10/26/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date