## **LIMITED LIABILITY** COMPANY REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

L15000158680 **DOCUMENT#** 

1. Limited Liability Company's Name

Dor-r-Dor Holdings LLC

FILED

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SEC & TARY OF STATE TAI LAHASSEE, FLOOR

2. Pronogal Office Address: No 19.0 Box # 9.8 Mailing Office Address 90 Mail (acc by 6)  Suite, Apt. #, etc.  Suit							
Suite, Apt. 8, etc.  Suite, Apt. 8, etc.  Suite, Apt. 8, etc.  Sire, Apt. 9, etc. 9, etc. 11, 20, 21, etc.  Sire, Apt. 11, 20, etc.  Sire, Apt. 11, 20, 21, etc.  Sire, Apt. 11, 20,				· · · · · · · · · · · · · · · · · · ·			
State  THE Number  Applied For Not Applicable  City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   Zip  Country  Coun		1e 908	abl	lace thre	4. State/Count	ry of Formation $\mathcal{P}_{\mathcal{A}_{a}}$ . If	
City & State  FT. MEYERS  Zip  Country  33 9 08  Registered Agent  8. Name and Address of Current Registered Agent  Name  Barbara  State  FL  State  Zip  Country  Country  Applied For  Not Applicable  Applied For  Not Applied For  Not Applied For	Suite, Apt. #, etc.	1	108				
Zip 33908 Country 33908 Country 40754 Countr	·	City & State Le, Schi	Feld	2, KY	6. FEI Numbe		Applied For
Street Address (P.O. Box Number is Not Acceptable) Suite,  Street Address (P.O. Box Number is Not Acceptable) Suite,  Street Address (P.O. Box Number is Not Acceptable) Suite,  State  Apt. #, Etc.  State  State  Zip Code  FL 33708  9. 1 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  10. Names and Street Addresses of Authorized Representatives/Managers  Name of Authorized Representatives/  Managers  Name of Authorized Representatives/  Managers  Authorized Representatives/  Managers  And JOE M. LEE 908 Wallace Ave Sherve Leichfield, Ky 420  AR NADYNE S. LEE 908 Wallace Ave Sherve Leichfield, Ky 420	Zip Country $N \leq 1$	<del>• • • • • • • • • • • • • • • • • • • </del>	Countr	y [	<b>─</b>		
Street Address (P.O. Box Number is Not Acceptable) Suite.  Apt. #, Etc.  City FT Meyers   State   Zip Code   FL   33408  9. 1. 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 Representatives/Managers  10. Names and Street Addresses of Authorized Representatives/Managers  Titles   Authorized Representatives/Managers   Authorized Representatives/Managers   City/State/Zip   Authorized Representatives/Managers   Registered Registered Representatives/Managers   Registered							
Street Address (P.O. Box Number is Not Acceptable) Suite,  8839 New Castle Dr  Apt. #, Etc.  City FT Meyers FL 33708  9. 1, 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  10. Names and Street Addresses of Authorized Representatives/Managers  Titles Authorized Representatives/ Authorized Representatives/ Managers  Authorized Representatives/ Managers  Authorized Representatives/ Managers  ARR JOE M. LEE 908 Wallace Are Stell 8 Leibhfield, Ky 422  ARR NADYNE S. LEE 908 Wallace Are Stell 8 Leibhfield, Ky 422							
Apt. #, Etc.  City FT Meyers   State   Zip Code   FL   33908    9. 1, being appointed the registered agent of the above named limited liability company, an familiar with and accept the obligations of Chapter 605, F.S.  Signature of Registered Agent   REGISTERED AGENT MUST SIGN    10. Names and Street Addresses of Authorized Representatives/Managers    Titles   Name of Authorized Representatives/ Managers    Authorized Representatives/ Managers    Authorized Representatives/ Manager    AR JOE M. LEE 908 Wallace Ave Stell 8 Leibhfield, Ky 420    AR NADYNE S. LEE 908 Wallace Ave Stell 8 Leibhfield, Ky 420    AR NADYNE S. LEE 908 Wallace Ave Stell 8 Leibhfield, Ky 420    AR NADYNE S. LEE 908 Wallace Ave Stell 8 Leibhfield, Ky 420    AR NADYNE S. LEE 908 Wallace Ave Stell 8 Leibhfield, Ky 420    AR NADYNE S. LEE 908 Wallace Ave Stell 8 Leibhfield, Ky 420    AR NADYNE S. LEE 908 Wallace Ave Stell 8 Leibhfield, Ky 420    AR NADYNE S. LEE 908 Wallace Ave Stell 8 Leibhfield, Ky 420    AR NADYNE S. LEE 908 Wallace Ave Stell 8 Leibhfield, Ky 420    AR NADYNE S. LEE 908 Wallace Ave Stell 8 Leibhfield, Ky 420    AR NADYNE S. LEE 908 Wallace Ave Stell 8 Leibhfield 908    AR NADYNE S. LEE 908 Wallace Ave Stell 8 Leibhfield 908    AR NADYNE S. LEE 908 Wallace Ave Stell 8 Leibhfield 908    AR NADYNE S. LEE 908 Wallace Ave Stell 8 Leibhfield 908    AR NADYNE S. LEE 908 Wallace Ave Stell 8 Leibhfield 908    AR NADYNE S. LEE 908 Wallace Ave Stell 8 Leibhfield 908    AR NADYNE S. LEE 908 Wallace Ave Stell 8 Leibhfield 908    AR NADYNE S. LEE 908 Wallace Ave Stell 8 Leibhfield 908    AR NADYNE S. LEE 908 Wallace Ave Stell 8 Leibhfield 908    AR NADYNE S. LEE 908 Wallace Ave Stell 8 Leibhfield 908    AR NADYNE S. LEE 908 Wallace Ave Stell 8 Leibhfield 908    AR NADYNE S. LEE 908 Wallace Ave Stell 8 Leibhfield 908    AR NADYNE S. LEE 908 Wallace Ave Stell 908    AR NADYNE S. LEE 908 Wallace Ave Stell 908    AR NADYNE S. LEE 908 Wallace Ave Stell 908    AR NADYNE S. LEE 908 Wallace Ave Stell 908    AR NADYNE S. LEE 908 Wallace Ave Stel	Street Address (P.O. Box Number is Not Acceptable) Suite,						
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Signature of Registered Agent Soulcourd Agent Must sign  10. Names and Street Addresses of Authorized Representatives/Managers  Titles Name of Authorized Representatives/ Authorized Representatives/ Managers Managers  AR JOE M. LEE 908 Wallace Are Stell 8 Leichfield, Ky42:  AR NADYNE S. LEE 908 Wallace Are Stell 8 Leichfield, Ky42:		above named limited liability o	1	amiliar with and acc	ent the obligations	s of Chanter 605 F.S	<u>-</u>
Titles Name of Authorized Representatives/ Authorized Representatives/ Managers  AR JOE M. LEE 908 Wallace Are Stell 8 Leibeltield, Ky 422  AR NADYNE S. LEE 908 Wallace Are Stell 8 Leibeltield, Ky 422	Signature of Q.	or Sal	inta				16
Authorized Representatives/ Managers  Authorized Representatives/ Mana	10. Names and Street Addresses of Authorized Rep	resentatives/Managers					
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	AR JOE M.	LEE 908	Walla	ice Ave	_ Stell	8 Leikhti	eld, Ky 422
REINSTATEMENT R. HUNT	AR NADYNES.	LEE 908	Walla	ce Aur	_Step	8 Leibhtick	1, Ky 42
REINSTATEMENT R. HUNT							′
REINSTATEMENT					NOV, 2 2 2016		
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11. E-mail Address: Joc and nadyre a gahoo com (To be used for future annual report notifications)	11. E-mail Address: Joe and						
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	certify that when filing this reinstatement applica-	e/ manager or the receiver or ion the reason for dissolution	rtrustee emp has been el	owered to execute iminated, the limite	this application and liability compar	ly name satisfies the requiremen	t 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. Lam 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.	shall have the same legal effect as if made unde			bmitted in a docu	ment to the Depa	rtment of State constitutes a third	d degree