

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**


FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2016 NOV 22 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L15000158680

1. Limited Liability Company's Name

Dor-r-Dor Holdings LLC

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

8839 New Castle

Suite, Apt. #, etc.

City & State

FT. MEYERS

Zip

33908

Country

USA

3. Mailing Office Address

908 Wallace Ave

Suite, Apt. #, etc.

Ste 108

City & State

Leitchfield, Ky

Zip

42754

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

Pinellas

5. Date Organized or Qualified
To Do Business in Florida

Sept 11, 2015

6. FEI Number

47-5649378

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

Barbara Salata

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

8839 New Castle Dr

Apt. #, Etc.

City

FT Meyers

State

FL

Zip Code

33908

000292601140

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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

Barbara Salata

Date

11/18/16

REGISTERED AGENT MUST SIGN

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
AR	JOE M. LEE	908 Wallace Ave Ste 108	Leitchfield, Ky 42754
AR	NADYNE S. LEE	908 Wallace Ave Ste 108	Leitchfield, Ky 42754

REINSTATEMENT

NOV 22 2016

R. HUNT

11. E-mail Address:

joe and nadyne @ yahoo.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

Joe M. Lee

Date

11/18/16

Daytime Phone #

270-230-3847