PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2022 SEP 27 PM 12:07

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L21000215134

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09/27/22--01001--003 **243.75

CR2E041 (1/14)

1. Limited Liability Company's Name

DAD Construction LLC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2001 Donnelly Place		2001 Donnelly Place	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Mount Dora		FL	
Zip	Country	Zip	Country
32757	Lake	32757	USA

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business In Florida: 5/3/21

6. FEI Number: 33-3772176 — 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: Daniel A DUnn

Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.: 2001 Donnelly Place

City	State	Zip Code
Mount Dora	FL	32757

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: [signature] — REGISTERED AGENT MUST SIGN

Date: 09/27/2022

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
MGR	Daniel A DUnn	2001 Donnelly Place	Mount Dora, FL 32757

SEP 27 2022
R. HUNT

11. E-mail Address: lrlsh13@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: [signature] Date: 9/27/22 Daytime Phone #: 352-434-1227

Typed or printed name of signing authorized representative/member: