## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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	ORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS	FILED  01 MOV -8 PN 12: 17  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2173 Platinum Rd	Mailing Office Address <b>3Ame</b> e, Apt. #, etc.	4. State/Country of Formation FLozida, USA.	
City & State City  APOPKA , FL  Zip Country Zip  32703 USA	& State Country	5. Date Organized or Qualified To Do Business in Florida 1/18/1996  6. FEI Number Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED Cora @cartificate of Status	
8. Name and Address of Current Registered Agent  Name  DIRT DOGS LLC  Street Address (P.O. Box Number is Not Acceptable)  145 N. MABNOLIA AVE  Suite, Apt. #, Etc.  City  ORLANDO  State FL 3ZBO/  9. 1, being appointed the registered ment of the above name(n) med liability company, am familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managing Members/Managers  Pizes Rithard A. Quinit	Street Address of Ea Managing Member/Man	ager City / State / Zip 1	
,		99994689969-7 -11/20/01-01083002 ****150.00 ****150.00	
11. I certify that I am managing member/manager or the refiling this reinstatement application the reason for dissolu	ution has been eliminated, the limited liability corpaid. The information indicated on this application between the control of	poplication as provided for in chapter 608, F.S. I further certify that when mpany name satisfies the requirements of section 608.406, F.S., and that on is true and accurate, and my signature shall have the same legal effect	