

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 11 PM 2:04

DOCUMENT # L99000008221

1. Limited Liability Company's Name

Dunphy Clothiers, LLC

100004925261--1
-02/14/02--01036--007
***200.00 ***200.00

2. Principal Office Address

500 Trinity Ln.

3. Mailing Office Address

P.O. Box 20799

Suite, Apt. #, etc.

2207

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33716

Country

USA

Zip

33742

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

59-3637804

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

MARK L. Dunphy

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

500 TRINITY LANE #2207

Suite, Apt. #, Etc.

#2207

City

St Petersburg

State

FL

Zip Code

33716

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

Mark L. Dunphy
REGISTERED AGENT MUST SIGN

Date

1/15/02

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>President</u>	<u>MARK L. Dunphy</u>	<u>500 TRINITY LANE #2207</u>	<u>St Petersburg, FL 33716</u>

REINSTATEMENT OK
dec

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of

Managing Member/Manager

Mark L. Dunphy

Date

1/15/02

Daytime Phone #

727-573-6015

Typed or printed name of signing Managing Member/Manager

MARK L. Dunphy

CR2E041 (9/01)