


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L05060055326</b> 1. Entity Name <b>DANICK, LLC</b>	
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FILED

08 DEC 30 AM 10: 52

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business <b>1115 SW 2ND STREET BOYNTON BEACH, FL 33435</b>	Mailing Address <b>1115 SW 2ND STREET BOYNTON BEACH, FL 33435</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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12082008 REIN-LLC CR2E101 (1/07)

City & State	4. FEI Number <b>20-2942724</b>
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Applied For
Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  RICHARDSON, KEVIN F 1551 FORUM PLACE SUITE 300F WEST PALM BEACH, FL 33401	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.


SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After January 1, 2009, Fee will be \$277.50</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE	MGRM <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em; font-weight: bold;">200139835592</div> <div style="text-align: center;">12/30/08--01012--005 ***138.75</div>
NAME	BRUNETTI, DANTE T	TITLE
STREET ADDRESS	1115 SW 2ND STREET	NAME
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	STREET ADDRESS
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	CITY-ST-ZIP
TITLE	MGRM <input checked="" type="checkbox"/> Delete	TITLE
NAME	BRUNETTI, DOMINICK A	NAME
STREET ADDRESS	1115 SW 2ND STREET	STREET ADDRESS
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE
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NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP

REINSTATEMENT

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  12/22/08 561-733-9628

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #