

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



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

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

02 APR 11

DOCUMENT # L99000003201

1. Limited Liability Company's Name

DANIELLE DEVELOPMENT, L.L.C.

2. Principal Office Address

3636 PROSPECT AVE

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

Zip

34104

Country

COLLIER

3. Mailing Office Address

3636 PROSPECT AVE

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

Zip

34104

Country

COLLIER

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified To Do Business in Florida

JUNE 8, 1999

6. FEI Number

59-3580386

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

LANA M. ABRAHAM

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

6625 HUNTERS ROAD

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34109

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

Lana M. Abraham
 REGISTERED AGENT MUST SIGN

Date April 9, 2002

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
MGRM	CHARLES E. ABRAHAM	6625 HUNTERS ROAD	NAPLES, FL 34109
MGRM	LANA M. ABRAHAM	6625 HUNTERS ROAD	NAPLES, FL 34109

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

Lana M. Abraham

Date 4-9-02

Daytime Phone # 239-643-7059

Typed or printed name of signing Managing Member/Manager LANA M. ABRAHAM

CR2E041 (9/01)