

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L00000000 4451**

**FILED**

07 FEB 22 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L00000004451**

1. Limited Liability Company's Name

**DISPLAY DANIEL, L.L.C.**

**BK 04**

2. Principal Office Address - No P.O. Box #

**5729 NW 151ST**

Suite, Apt. #, etc.

**# 3**

3. Mailing Office Address

**5729 NW 151 ST**

Suite, Apt. #, etc.

**#3**

City & State

**Miami Lakes, FL**

City & State

**Miami Lakes, FL**

Zip

**33014**

Country

Zip

**33014**

Country

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

**65-1001223**

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

**Cuevas, Andrew Esq**

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

**536 Biltmore way**

Suite, Apt. #, Etc.

City

**Coral Gables**

State

**FL**

Zip Code

**33134**

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

**Cuevas Andrew**

Date

**2/20/07**

REGISTERED AGENT MUST SIGN

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
MBRN	Jo Khagian, Hambarscum	5729 NW 151ST #3	Miami Lakes FL 33014
MBRM	Jo Khagian, Mano A	5729 NW 151ST #3	Miami Lakes FL 33014

**REINSTATEMENT 2004-2007**

200089978742  
03/01/07--01048--011 \*\*200.00

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

**Jo Khagian Hambarscum**

Date

**2/20/07**

Daytime Phone #

**786 639-0504**

Typed or printed name of signing Managing Member/Manager

L 000000004451

FILED  
07 FEB 22 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

February 20, 2007, 2007

Florida Department of State  
Secretary of State  
Division of Corporations

BK

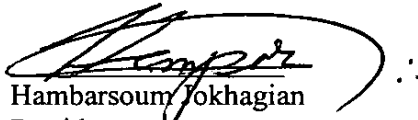
Ref: DISPLAY DANIEL, L.L.C  
L00000004451

To Whom It May Concern:

Please be advice that we never received the Annual Report 2004; 2005; 2006 and 2007  
Package from your office.

Therefore we are sending \$200.00 and the Reinstatement Form. We kindly ask you to  
waive penalties fees.

If you have any question, please call to our telephone shown below.

  
Hambarsoun Jokhagian  
President