

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 17 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W/ID

DOCUMENT # L00000005723

1. Limited Liability Company's Name

DAFA SERVICES, L.C.

800030669768
03/17/04--01050--026 **50.00

800030669768
03/17/04--01050--025 **150.00

3/17

2. Principal Office Address

2950 GRANDEVILLE CIR.

Suite, Apt. #, etc.

104

City & State

OUIDO, FLORIDA

Zip

32765

Country

U.S.A.

3. Mailing Office Address

2950 GRANDEVILLE CIR.

Suite, Apt. #, etc.

104

City & State

OUIDO, FLORIDA

Zip

32765

Country

U.S.A.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

MAY 18, 2000

6. FEI Number

52-2257322

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

FRANCISCO J. DELGADO

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

2950 GRANDEVILLE CIR.

Suite, Apt. #, Etc.

104

City

OUIDO

State

FL

Zip Code

32765

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 02/23/04

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>MGRM</u>	<u>FRANCISCO J. DELGADO</u>	<u>2950 GRANDEVILLE CIR. #104</u>	<u>OUIDO, FL. 32765</u>

REINSTATEMENT 2003-2004

w/o Penalty

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

[Signature]

Date 02/23/04

Daytime Phone # (407) 405-0606

Typed or printed name of signing Managing Member/Manager

FRANCISCO J. DELGADO

CR2E041 (10/02)

202

February 02, 2004.

TO WHOM IT MAY CONCERN

Dear sirs:

Attached you will find the check number 1354 for the amount of one hundred and fifty dollars (\$150.00) to pay for Dafa Services, L.C., 2003 Corporation Annual Report.

Document number L00000005723, State of Florida.

I did not received last year notice due to a change of mailing address and registered agent.

Please make notice of the following changes:

Registered agent: Francisco J. Delgado

Address: 2950 Grandeville circle, # 104.

Oviedo, Fl 32765.

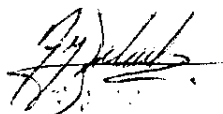
Manager/Member Detail

~~Francisco J. Delgado~~

2950 Grandeville circle, # 104.

Oviedo, Fl 32765.

Sincerely yours,



Francisco J. Delgado