

L01000002814

ATX1

PLEASE REPLY TO THE FOLLOWING ADDRESS FOR REINSTATEMENT.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 17 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000002814

1. Limited Liability Company's Name

Dani Enterprises L.L.C
12007 PRAIRIE MEADOWS DRIVE
ORLANDO, FL 32837

2. Principal Office Address

12007 Prairie Meadows Drive

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

Country

32837

3. Mailing Office Address

500 E. SEMORAN BLVD., STE. 2022

Suite, Apt. #, etc.

City & State

CASSELBERRY, FL

Zip

Country

32707

4. State/Country of Formation FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 2/22/2001

6. FEI Number

59-3698619

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

BENNET, BARRY W.

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

60 SECONDS ST. S.E.

Suite, Apt. #, Etc.

City

WINTER HAVEN

State

FL

Zip Code

33880

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

Date

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
MGR	YAZDANI, RANA ABDUL	81/2 MAHA VIDYALAYA, MAWATHA, COLOMBO, SRI LANKA	
MGR	YAZDANI, RIFAT	81/2 MAHA VIDYALAYA	MAWATHA, COLOMBO, SRI LANKA

REINSTATEMENT

2002-2003

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 608.408, 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

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

RANA ABDUL YAZDANI

407-831-1399

607-831