L01000006373

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

05 FEB -3 PM 1:02
FLORIDA DEPARTMENT OF STATE

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY REINSTATEMENT

DAYMAR PROPERTIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$250.00~~

$150.00

Electronic Filing Menu Corporate Filing Public Access Help

DATE: Tuesday, February 01, 2005

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: **DAVID R DIAZ**
DAYMAR PROPERTIES, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY MAIL.

PLEASE FILE OUR ANNUAL REPORT AND DO **NOT** CHARGE THE PENALTY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 813-818-0706.

THANKS,

X _____
DAVID R DIAZ , MGRM
DAYMAR PROPERTIES, LLC

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000006373

1. Limited Liability Company's Name
DAYMAR PROPERTIES, LLC

2. Principal Office Address	3. Mailing Office Address
105 NW 12 ST.	105 NW 12 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FLORIDA CITY	City & State: FLORIDA CITY
Zip: 33034 Country: US	Zip: 33034 Country: US

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 04/25/2001

6. FEI Number: 20-2270662 ☐ 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: MARIO DIAZ

Street Address (P.O. Box Number is Not Acceptable): 105 NW 12 ST.

Suite, Apt. #, Etc.:

City: FLORIDA CITY State: FL Zip Code: 33034

9. I, being appointed the registered agent of the [illegible] company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 2/1/2005

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	DAVID R DIAZ	105 NW 12 ST.	FLORIDA CITY FL 33034

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: _____ Daytime Phone #: (305) 216-2853

Typed or printed name of signing Managing Member/Manager: DAVID R DIAZ