PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2012 NOV -6 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 01000011848

1. Limited Liability Company's Name

Doncar Management LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2799 NW 2nd Ave	same
Suite, Apt. #, etc.: Suite 203	Suite, Apt. #, etc.
City & State: Boca Raton	City & State
Zip: 33431 Country: USA	Zip Country

4. State/Country of Formation: Florida, US

5. Date Organized or Qualified To Do Business in Florida: 7-17-2011

6. FEI Number: 65-1120695 ☐ 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: Steven A. Sciarretta, esquire

Street Address (P.O. Box Number is Not Acceptable): 2799 NW 2nd Avenue

Suite, Apt. #, Etc.: Suite 203

City: Boca Raton State: FL Zip Code: 33431

E-mail Address:
100241609201
11/08/12--01001--008 **1071.25
Steve@saslaw.net
(To be used for future annual report notices)

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 Nov 7, 2012
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	Don W. Miller	2799 NW 2nd Ave	
		Suite 203 Boca Raton, FL 33431	

REINSTATEMENT 06-12

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager _____ Date 11/7/12 Daytime Phone 561 368 7918

Typed or printed name of signing Managing Member/ Manager

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