

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jill Smith

Secretary of State

VISITOR INFORMATION

FILED

02 NOV 27 AM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000009238130

11/27/02--01039--002 **150.00



1. DOCUMENT # L01000012207

Name and Mailing Address

0010250 01 FP 0.352 **PRSR H7 0 0615 33908-799425



DANBERRY ENTERPRISES, L.L.C.
11130 HARBOUR YACHT CT., #12E
FT MYERS FL 33908-7994

2. New Mailing Address

City, State, Zip

Principal Place of Business

11130 HARBOUR YACHT CT., #12E
FT MYERS FL 33908

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

07/25/2001

6. FEI Number

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

D'ANGELO, RONALD N
11130 HARBOUR YACHT CT., #12E
FT MYERS FL 33908

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

Ronald N. Angelo
REGISTERED AGENT MUST SIGN

Date 11/25/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	LINABERRY, JOAN E	11130 HARBOUR YACHT CT., #12E	FT MYERS FL 33908
MGRM	D'ANGELO, RONALD N	11130 HARBOUR YACHT CT., #12E	FT MYERS FL 33908

REINSTATEMENT

2002

BN

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided 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

Joan Linberry

Date 11/25/02

Daytime Phone #