


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 OCT 20 AM 8:59

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # LD1000013695

1. Limited Liability Company's Name
 Darjenco, PLC

| | | | |
|---|----------------|---|----------------|
| 2. Principal Office Address 5883 Marble Court | | 3. Mailing Office Address 5883 Marble Court | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Naples, FL | | City & State Naples, FL | |
| Zip 34110 | Country USA | Zip 34110 | Country USA |

CR2E041 (8/05)

4. State/Country of Formation
 FL/USA

5. Date Organized or Qualified To Do Business in Florida 08/16/2001

6. FEI Number None 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: Alex R. Figares, Esq

Street Address (P.O. Box Number is Not Acceptable): 4001 Tamiami Trail North

Suite, Apt. #, Etc.: Suite 300

City: Naples State: FL Zip Code: 34103

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: 11/17/2006

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 |
|--------|-----------------------------------|--|---|
| MGRM | Darryl E. Damon, D.M.D. | 5883 Marble Court | Naples, FL, 34110 |
| | | | 200082107652 11/29/06--01057--013 **355.00 |
| | | | REINSTATEMENT 02-06 |
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| | | | |

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: _____ Date: 11/17/06 Daytime Phone #: _____

Typed or printed name of signing Managing Member/Manager: Darryl E. Damon, D.M.D.