

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000017363

1. Limited Liability Company's Name

DANIEL & JOSEPH, L.C.

2. Principal Office Address - No P.O. Box #

1851 SW 2nd Avenue

Suite, Apt. #, etc.

#3

City & State

Fort Lauderdale, FL

Zip

33315

Country

US

3. Mailing Office Address

6327 Brandywine Drive North

Suite, Apt. #, etc.

City & State

Margate, FL

Zip

33063

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida
10/08/2001

6. FEI Number

010590907

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

Anthony M. Hildebrand

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

6327 Brandywine Drive North

Suite, Apt. #, Etc.

City

Margate

State

FL

Zip Code

33063

FILED
2014 APR -2 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
CR2E0412(4/14)

300258580253
04/02/14--01027--016 **1795.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Date 04/01/2014

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	Anthony M. Hildebrand	6327 Brandywine Drive North	Margate, FL 33063

REINSTATEMENT 2003-2014

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date 04/01/2014

Daytime Phone # 954-825-6733

Typed or printed name of signing Authorized Representative/Manager

Anthony M. Hildebrand

APR 1 2014

T. HAMPTON