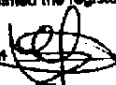


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L02000009914

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000009914			
1. Limited Liability Company's Name DAKY APARTMENTS II, L.L.C.			
2. Principal Office Address 250 SW 84TH AVE. Suite, Apt. #, etc. N/A City & State MIAMI, FL. Zip 33144		3. Mailing Office Address 250 SW 84TH AVE. Suite, Apt. #, etc. N/A City & State MIAMI, FL. Zip 33144	
Country U.S.A.		Country U.S.A.	
4. State/Country of Formation FL. U.S.A.			
5. Date Organized or Qualified To Do Business in Florida 04/25/02			
6. FEI Number 20-0649604		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 MARIA E. GARCIA			
Street Address (P.O. Box Number is Not Acceptable) 250 SW 84TH AVE.			
Suite, Apt. #, Etc. N/A			
City MIAMI		State FL	
		Zip Code 33144	
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 01/27/04 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MARIA E. GARCIA	250 SW 84TH AVE.	MIAMI, FL. 33144
MGR	RUBEN GARCIA	250 SW 84TH AVE.	MIAMI, FL. 33144
MGR	DAVID GARCIA	250 SW 84TH AVE.	MIAMI, FL. 33144
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 01/27/04 Daytime Phone# (305) 228-1719 Typed or printed name of signing Managing Member/Manager MARIA E. GARCIA - MANAGING MEMBER			

(H04000023855 3)

Division of Corporations

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Florida Department of State
Division of Corporations
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(((H04000023855 3)))

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From:

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Account Number : I20000000268
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LIMITED LIABILITY REINSTATEMENT

DAKY APARTMENT'S II, L.L.C.

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