FEB-04-2004 08:06 PM ARES 305 229 8252 P.04

L02000009914

APPROVED AND FILED

04 FEB -5 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

REINSTATEMENT 2003-2004

2. Principal Office Address	3. Mailing Office Address
250 SW 84TH AVE.	250 SW 84TH AVE.
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State MIAMI, FL.	City & State MIAMI, FL.
Zip 33144 / Country U.S.A.	Zip 33144 / 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

CR2E041 (10/02)

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	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)

Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000023855 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : ANA DALMAU ARES, P.A.
Account Number : I20000000268
Phone : (305)229-8256
Fax Number : (305)229-8252

RECEIVED
04 FEB -5 AM 8:16
DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

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

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$200.00

Electronic Filing Menu Corporate Filing Public Access Help