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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
2004 MAR 29 P 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000015259

Name and Mailing Address

0015400 01 MB 0.309 **AUTO T7 0 0615 10504-232611

DANE, L.L.C.
11 PALMER PLACE
ARMONK NY 10504-2326

CR2E084 (7/03)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 06/18/2002

Principal Place of Business: 11 PALMER PLACE, ARMONK NY 10504

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number: 46-0491461 ☐ 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

CRAMER, CHARLES W ESQ.
1411 EDGEWATER DRIVE, SUITE 100
CRAMER, PRICE & DE ARMAS, P.A.
ORLANDO FL 32804

9. Name and Address of New Registered Agent

Name: PAULINE MORONI
Street Address (P.O. Box Number is Not Acceptable): 1072 OLD MAGNOLIA COVE
City: APOPKA FL Zip Code: 32712

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: X Pauline Moroni SIGNATURE Date: 03-02-04
REGISTERED AGENT MUST SIGN

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	DANE, CHRISTOPHER J	11 PALMER PLACE	ARMONK NY 10504
MGRM	DANE, TERRENCE D	1478 POLO DRIVE	BARTLETT IL 60103
MGRM	DANE, MICHAEL D	205 THORNBUSH COURT	COLD SPRING KY 41076

300024567853
11/10/03--01083--003 **150.00

300024567853
03/30/04--01069--007 **50.00

12. 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: Christopher J. Dane SIGNATURE REQUIRED Date: 11/6 Daytime Phone #: (914) 273-6248

Typed or printed name of signing Managing Member/Manager: CHRISTOPHER J. DANE