

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 12 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MMH

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L02 0000 22192

1. Limited Liability Company's Name

DAIAR'S LLC

2. Principal Office Address

3115 NE 184 ST

Suite, Apt. #, etc.

# 4206

City & State

AVENTURA, FLORIDA

Zip

33160

Country

US

3. Mailing Office Address

3115 NE 184 ST

Suite, Apt. #, etc.

# 4206

City & State

AVENTURA, FLORIDA

Zip

33160

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

08/27/02

6. FEI Number

84-1621025

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

DIEGO MISRAHI

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

3115 NE 184 STREET

Suite, Apt. #, etc.

# 4206

City

AVENTURA

State

FL

Zip Code

33160

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

X

REGISTERED AGENT MUST SIGN

Date

01/16/04

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	DIEGO MISRAHI	3115 NE 184 ST (#4206)	AVENTURA, FL 33160
MGRM	DANIELA WOLYNIEC	3115 NE 184 ST (#4206)	AVENTURA, FL 33160

REINSTATEMENT

2003-2004

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

X

Date

01/16/04

Daytime Phone

(305) 300-9008

Typed or printed name of signing Managing Member/Manager

DIEGO MISRAHI, MGR.

CR2ED41 (10/02)