

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV -3 PM 5:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

LD3000017680

1. Limited Liability Company's Name

John Daly Enterprises, LLC

CR2E041 (8/05)

2. Principal Office Address

2449 Silver Star Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 585159

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32804

Country

US

Zip

32858-5159

Country

US

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

2000

6. FEI Number

571167033

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

Bryan VanderRiet

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

2449 Silver Star Rd.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32804

000081477870

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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

REGISTERED AGENT MUST SIGN

Date

10/30/06

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 | Bryan VanderRiet | 2449 Silver Star Rd | Orlando, FL 32804 |
| MGR | John Daly | 10093 PAR Street | Dardanelle, AR 72834 |
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REINSTATEMENT

2006

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

10/30/06

Daytime Phone #

(407) 405-0288

Typed or printed name of signing Managing Member/Manager

Bryan VanderRiet