

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

08 FEB 20 PM 1:34

DOCUMENT #

L103000022156

1. Limited Liability Company's Name

Danato, LLC.

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

8550 NW 138 Terr.

Suite, Apt. #, etc.

2003

City & State

Hialeah, Florida

Zip

33016

Country

U.S.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

U.S. Florida

5. Date Organized or Qualified To Do Business in Florida

June 18, 2003

6. FEI Number

14-1889048

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

JHON F TORO

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

8550 NW 138 Terr.

Suite, Apt. #, Etc.

2003

City

Hialeah

State

FL

Zip Code

33016

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Jhon F. Toro

REGISTERED AGENT MUST SIGN

Date January 07, 2008

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	JHON F TORO	8550 NW 138 Terr	Hialeah, FL 33016

REINSTATEMENT 2005-08

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

Jhon F. Toro

Date 01/07/08 Daytime Phone# 305 822 2951

Typed or printed name of signing Managing Member/Manager JHON F. TORO