

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN -7 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L03000035892**

1. Limited Liability Company's Name

DAIV USA LLC

CR2E041 (1/07)

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

850 Ives Dairy Rd

Suite, Apt. #, etc.

Suite 43

City & State

N. Miami Beach, FL

3. Mailing Office Address

1490 Blue Jay Circle

Suite, Apt. #, etc.

City & State

Weston, FL

Zip

33179

Country

USA

Zip

33327

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

9-22-2003

6. FET Number

20-0246620

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

Eduardo Citicio Glu

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

1490 Blue Jay Circle

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33327

☒ 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

REGISTERED AGENT MUST SIGN

Date **12-15-07**

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 |
|--------|--------------------------------------|---|---------------------|
| MEM | ELISABET, SIMSIROGLU | 1490 Blue Jay Cir | Weston / FL / 33327 |
| MEM | EDUARDO, CITICIOGLU | 1490 Blue Jay Cir | Weston / FL / 33327 |
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01/08/08--01023--007 **300.00

REINSTATEMENT

04-07
BA 1/7

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 **12-15-07**

Daytime Phone # **954-258-9493**

Typed or printed name of signing Managing Member/Manager