

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2005 JAN 12 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000050180

1. Limited Liability Company's Name
STEPAN DANILOVETS, LLC
2184 HOPWOOD RD.
NORTH PORT FL 34287

2. Principal Office Address

2184 Hopwood Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

North Port, FL

City & State

Zip
34287

Country
SARASOTA

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12/01/2003

6. FEI Number

20-2093810

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

STEPAN DANILOVETS

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

2184 HOPWOOD Rd.

Suite, Apt. #, Etc.

City

North Port

300044241463

01/05/05--01053--001 **205 00

State
FL

Zip Code

34287

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 01-04-2005

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
MAN.	SERGEY DANILOVETS	2184 HOPWOOD Rd.	North Port, FL, 34287
MAN.	IVAN DANILOVETS	2184 Hopwood Rd	North Port, FL, 34287
MAN.	STEPAN DANILOVETS	2184 Hopwood Rd.	North Port, FL, 34287

REINSTATEMENT

2004-
2005

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 01-04-05

Daytime Phone #

(941) 429-8744

Typed or printed name of signing Managing Member/Manager

STEPAN DANILOVETS

CR2E041 (10/02)