

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000005764

1. Limited Liability Company's Name

DANIEL SANDERSON, LLC

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

4199 4TH COURT

Suite, Apt. #, etc.

City & State

LANTANA, FL

Zip

33462

Country

US

3. Mailing Office Address

4199 4TH COURT

Suite, Apt. #, etc.

City & State

LANTANA, FL

Zip

33462

Country

US

4. State/Country of Formation

FL, US

5. Date Organized or Qualified

To Do Business in Florida **1/21/2004**

6. FEI Number

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

LETHA A SANDERSON

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

4199 4TH COURT

Suite, Apt. #, Etc.

City

LANTANA,

State

FL

Zip Code

33462

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations imposed by chapter 608, F.S.

Signature of Registered Agent

Letha A Sanderson

Date **06/25/2008**

REGISTERED AGENT MUST SIGN

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.

07/03/08--01003--010 **555.00

000132104200

07/03/08--01003--010 **555.00

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
MGR	DANIEL W SANDERSON	4199 4TH COURT	LANTANA, FL 333462

REINSTATEMENT

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

Daniel W. Sanderson

Date **06/26/2008**

Daytime Phone # **561-255-4104**

Typed or printed name of signing Managing Member/Manager

FILED

08 JUN 30 PM 1:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E041 (12/07)