

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2020 MAR -5 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FL

DOCUMENT # **L04000012163**

1. Limited Liability Company's Name

**DANIEL PERE, LLC**

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

**3447 KINGSTON ST. N.**

Suite, Apt. #, etc.

3. Mailing Office Address

**3447 KINGSTON ST. N.**

Suite, Apt. #, etc.

City & State

**ST. PETERSBURG, FL**

Zip Country

**33713 USA**

City & State

**ST. PETERSBURG, FL**

Zip Country

**33713 USA**

5. Name and Address of Current Registered Agent

Name

**DANIEL PEREZ**

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

**3447 KINGSTON ST. N.**

Apt. #, Etc.

City

**ST. PETERSBURG,**

State

**FL**

Zip Code

**33713**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

**2/27/20**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MANGR	DANIEL PEREZ	3447 KINGSTON ST. N.	ST. PETERSBURG, FL 33713

**REINSTATEMENT**

**2008 - 2020**

11. E-mail Address

**DANIELUC23@YAHOO.COM**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

**2/27/20**

Daytime Phone #

**(727) 501-6240**

I typed or printed name of signing authorized representative/member