

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2005 OCT 17 P 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L04000020113**

1. Limited Liability Company's Name

DONATO1 LLC

CR2E041 (8/05)

2. Principal Office Address  
**11052 BISCAYNE BLVD**

Suite, Apt. #, etc.

City & State  
**MIAMI, FL**

Zip  
**33161**

Country  
**USA**

3. Mailing Office Address  
**11052 BISCAYNE BLVD**

Suite, Apt. #, etc.

City & State  
**MIAMI, FL**

Zip  
**33161**

Country  
**USA**

4. State/Country of Formation  
**FLORIDA / USA**

5. Date Organized or Qualified  
To Do Business in Florida **3/16/2004**

6. FEI Number  
**90-0151879**

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  
**DEWEY T LOSASSO**

Street Address (P.O. Box Number is Not Acceptable)  
**1133 NE 91ST TERRACE**

Suite, Apt. #, Etc.

City  
**MIAMI**

State Zip Code  
**FL 33138**

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

*Dewey Losasso*

REGISTERED AGENT MUST SIGN

Date

**10/12/05**

**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	DEWEY T LOSASSO	11052 BISCAYNE BLVD	MIAMI, FL 33161

**REINSTATEMENT**

**05**

**AL**

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

*Dewey Losasso*

Date

**10/12/05**

Daytime Phone #

**305 8934211**

Typed or printed name of signing Managing Member/Manager

**Dewey Losasso**