

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 17, 2005
Secretary of State

DOCUMENT# L04000042944

Entity Name: DONATON ENTERPRISES, LLC

Current Principal Place of Business:

9537 GRAND ESTATES WAY
BOCA RATON, FL 33496

New Principal Place of Business:

Current Mailing Address:

9537 GRAND ESTATES WAY
BOCA RATON, FL 33496

New Mailing Address:

FEI Number: 20-1233091 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DONATON, SANDRA
9537 GRAND ESTATES WAY
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SANDRA DONATON

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DONATON, SANDRA
Address: 9537 GRAND ESTATES WAY
City-St-Zip: BOCA RATON, FL 33496

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DONATON, SANDRA
Address: 9537 GRAND ESTATES WAY
City-St-Zip: BOCA RATON, FL 33496 US

Title: PRES () Change (X) Addition
Name: MANDI CRAPANZANO,
Address: 9537 GRAND ESTATES WAY
City-St-Zip: BOCA RATON, FL 33496 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SANDRA DONATON

MGRM

10/17/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date