

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


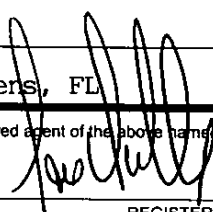
2007 JUN -6 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400104227944
06/11/07--01054--020 **150.00

REINSTATEMENT 06-07

CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L04000043764					
1. Limited Liability Company's Name Danielle Family LLC					
2. Principal Office Address - No P.O. Box # 14070 Caloosa Blvd.		3. Mailing Office Address 14070 Caloosa Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Palm Beach Gardens, FL		City & State Palm Beach Gardens, FL			
Zip 33418	Country USA	Zip 33418	Country USA		
4. State/Country of Formation FL/USA		5. Date Organized or Qualified To Do Business in Florida 01/28/2002			
6. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent					
Name Joseph Danielle					
Street Address (P.O. Box Number is Not Acceptable) 14070 Caloosa Boulevard					
Suite, Apt. #, Etc.					
City Palm Beach Gardens, FL		State FL	Zip Code 33418		
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				Date 6/5/07	
REGISTERED AGENT MUST SIGN					
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	
MGRM	Joseph Danielle	14070 Caloosa Blvd.		Palm Beach Gardens, FL 33418	
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 6/5/07		Daytime Phone# 954 599 6542	
Typed or printed name of signing Managing Member/Manager		Joseph Danielle			