

**2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Mar 06, 2006  
Secretary of State**

DOCUMENT# L04000060938

Entity Name: DANA THOMAS LLC

**Current Principal Place of Business:**

5011 SHADY CREEK DR  
KEYSTONE HEIGHTS, FL 32656

**New Principal Place of Business:**

**Current Mailing Address:**

5011 SHADY CREEK DR  
KEYSTONE HEIGHTS, FL 32656

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      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:**

**Name and Address of New Registered Agent:**

THOMAS, DANA  
5011 SHADY CREEK DR  
KEYSTONE HEIGHTS, FL 32656    US

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: DANA THOMAS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      MGR                      ( ) Delete  
Name:                      THOMAS, DANA  
Address:                      5011 SHADY CREEK DR  
City-St-Zip:                      KEYSTONE HEIGHTS, FL 32656

**ADDITIONS/CHANGES:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DANA THOMAS

MMGR

03/06/2006

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