

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 18 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 04000065326

1. Limited Liability Company's Name

Mutt Daniel Properties, LLC

CR2E041 (1/07)

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

1815 South 8th St P.O. Box 15321

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Fernandina Beach, FL

City & State

Fernandina Beach, FL

Zip

32034

Country

USA

Zip

32035

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

09/01/2004

6. FEI Number

20-1571700

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

Mutt J. Daniel

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

2126 Talbot Court

Suite, Apt. #, Etc.

City

Fernandina Beach

State

FL

Zip Code

32034

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Mutt J. Daniel
REGISTERED AGENT MUST SIGN

Date 5/9/07

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/M	Mutt J. Daniel	2126 Talbot Ct.	Fernandina Beach, FL 32035
			100103198521 05/24/07--01024--020 **255.00
			REINSTATEMENT 05/07

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

Mutt J. Daniel
Mutt J. Daniel

Date 5/9/07

Daytime Phone # 904-206-2040

Typed or printed name of signing Managing Member/Manager