

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2010 APR -2 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000066908

1. Limited Liability Company's Name

Daily Squeeze, LLC

700174308547
04/02/10--01042--009 **660.00
CR2E041 (11/09)

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

100 East Broward Blvd

Suite, Apt. #, etc.

Suite A108

City & State

Fort Lauderdale, FL

Zip

33301

Country

US

3. Mailing Office Address

100 East Broward Blvd

Suite, Apt. #, etc.

Suite A108

City & State

Fort Lauderdale, FL

Zip

33301

Country

US

4. State/Country of Formation

FL US

5. Date Organized or Qualified
To Do Business in Florida

9/10/04

6. FEI Number

20-161227B

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

Robert Mourry

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

100 East Broward Blvd

Suite, Apt. #, Etc.

Suite A108

City

Fort Lauderdale

State

FL

Zip Code

33301

☐ 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

REGISTERED AGENT MUST SIGN

Date

3-29-10

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	Robert Mourry	100 East Broward Blvd	Fort Lauderdale, FL 33301

REINSTATEMENT

07-10

AL 45-10

11. E-mail Address: Bobbymourry@yahoo.com

(To be used for future annual report notifications)

12. 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

3-29-10

Daytime Phone #

561-702-4048

Typed or printed name of signing Managing Member/Manager

Robert Mourry