

L04000085366

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 DEC 18 PM 2:34

PKL

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12/18/09--01018--014 **282.50

CR2E041 (11/09)

DOCUMENT # L04000085366

1. Limited Liability Company's Name

Danvi Holdings LLC *OK*

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

2480 Lincoln Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33133

Country

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/24/2004

6. FEI Number

562490909

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

Daniel De La Iglesia *PKL*

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

2480 Lincoln Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33133

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/17/2005

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	<u>Daniel De La Iglesia</u>	<u>2480 Lincoln Avenue</u>	<u>Miami, FL 33133</u>

REINSTATEMENT 2008-2009

11. E-mail Address:

(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

[Signature]

Date 12/17/05

Daytime Phone # (305) 885-4772

Typed or printed name of signing Managing Member/Manager