

FILED

07 OCT 22 PM 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

### 1. Corporation Name

# DANIELA LLC

8014 N CAMERON AVE

8014 N CAMERON AVE

**TAMPA FLORIDA**

**TAMPA FLORIDA**

Country

5. FEL Number  
**20-2038756**

|                |
|----------------|
| Not Applicable |
|----------------|

**\$8.75 Additional Fee required for a Certificate of Status**

Name **GREENWOOD, MARINA**

Street Address (P.O. Box Number is Not Acceptable)  
8014 N CAMERON AVE

City  
**TAMPA**State  
FI

Zip Code  
3614

☒ The 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 reinstatement fee be waived.

Signature of  
Registered Agent

Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

[illegible]

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #