## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATI STATEM				Á DEPAR Secretar	ry of S			07 OCT 2	PILED PA 2:31	
DOCUMENT # L04000091917  1. Corporation Name									MLLAHASI	RY OF STATE SEE. FLORIDA	
DANIELA LLC											
2. Principal Office Address - No P.O. Box # 8014 N CAMERON AVE				/E 8014	8014 N CAMERON AVE				CR2E081 (1/07)		
Suite, Apt. #, etc.				Suite, Apt.	Suite, Apt. #, etc.				Date Incorporated or Qualified     To Do Business in Florida		
TAMPA FLORIDA					City & State TAMPA FLORID			20-203°	<u> </u>	Applied For Not Applicable	
33614	1	Country	,	<sup>Zip</sup> 3361	4	Coun	lry	6. CERTIFICATE		75 Additional Fee required or a Certificate of Status	
7. Name and Address of Current Registered Agent Name ENWOOD, MARINA Street Address (PC - Par Number is Not Acceptable) Suite, Apt. #, Etc.  State State FL 33614								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.			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent Date  REGISTERED AGENT MUST SIGN											
9. Names a	and Street Ad	ldresses	of Each Office	er and/or Director (	Florida nonpr	ofit corpo	orations must list at le	east 3 directors)			
Titles	Name of Officers and/or Directors					Street Address of Each Officer and/or Director			City / Sta	te / Zip	
PRESIDENT	GREENWOOD, MARINA					8014 N CAMERON AVE			TAMPA FL 3	3614	
								OC 10/22	10111083 107-01012-098	700 **158.60	
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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 filling 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 eignature shall have the same legal effect as if made under oath.											
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Data Daytime Phone #											