

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2009 FEB 10 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L05000024969**

1. Limited Liability Company's Name

Danielle Properties, LLC

CR2E041 (10/08)

<b>2. Principal Office Address - No P.O. Box #</b> 14402 Marina San Pablo Place		<b>3. Mailing Office Address</b> 14402 Marina San Pablo Place	
Suite, Apt. #, etc. Unit 306		Suite, Apt. #, etc. Unit 306	
City & State Jacksonville, Florida		City & State Jacksonville, Florida 32224	
Zip 32224	Country USA	Zip 32224	Country USA

<b>4. State/Country of Formation</b> Florida	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 3-11-2005	
<b>6. FEI Number</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

**8. Name and Address of Current Registered Agent**

Name Mark Otis Humphrey			
Street Address (P.O. Box Number is Not Acceptable) 14402 Marina San Pablo Place			
Suite, Apt. #, Etc. Unit 306			
City Jacksonville	State FL	Zip Code 32224	

☒ 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

*Mark O. Humphrey*  
REGISTERED AGENT MUST SIGN

Date

02/04/09

**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
MGRM	Mark O. Humphrey	14402 Marina San Pablo Pl, Unit 306	Jacksonville, Florida 32224

REINSTATEMENT

06-07-08-09

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

*Mark O. Humphrey*

Date

02/04/09

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

C.L.