

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000074776

1. Limited Liability Company's Name

Daisy, LLC

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

100 S. Pointe Dr. #2303

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33139

Country

USA

3. Mailing Office Address

100 S. Pointe Dr. #2303

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33139

Country

USA

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified
To Do Business in Florida 07/29/2005

6. FEI Number

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
Peter Taylor

Street Address (P.O. Box Number is Not Acceptable)
1521 Alton Rd. #534

Suite, Apt. #, Etc.

City
Miami Beach

State
FL

Zip Code
33139

☐ 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

Peter Taylor
REGISTERED AGENT MUST SIGN

Date 03/03/2009

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	Nader Afroz	100 S. Pointe Dr. #2303	Miami Beach/FL/33139
	S. HAWKES		
	MAR 11 2009		
	EXAMINER		
		REINSTATEMENT	
		2007-09	

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

Nader Afroz

Date 03/03/2009

Daytime Phone # 305.987.8825

Typed or printed name of signing Managing Member/Manager Nader Afroz

FILED
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SECRETARY OF STATE
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