2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000097066

1. Entity Name
DANOR INVESTMENTS, LLC

Principal Place of Business	Mailing Address
~~3728 NE 209 TERRACE~~ ~~AVENTURA, FL 33180~~	~~3728 NE 209 TERRACE~~ ~~AVENTURA, FL 33180~~

2. Principal Place of Business 3340 NE 190th Street	3. Mailing Address 3340 NE 190th Street
Suite, Apt. #, etc. Apt 1504	Suite, Apt. #, etc. Apt 1504
City & State Aventura Florida	City & State Aventura, Florida
Zip 33180.	Country USA	Zip 33180	Country USA

10042006   REIN-LLC   CR2E101 (11/05)

4. FEI Number — ☐ Applied For / ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSENBERG, ARTHUR R ~~4875 NORTH FEDERAL HIGHWAY, 7TH FLOOR~~ ~~FORT LAUDERDALE, FL 33308~~	Name Street Address (P.O. Box Number is Not Acceptable) 1499 West Palmetto Park Road, Suite 300 City Boca Raton FL Zip Code 33486

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $50.00 After January 1, 2007, Fee will be $100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	**Make check payable to Florida Department of State**

9.	MANAGING MEMBERS / MANAGERS		10.	ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAR, DANY ~~3728 NE 209 TERRACE~~ ~~AVENTURA, FL 33180~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BAR DANY 3340 N.E. 190 ct Apt. 1504 Aventura Fl. 33180	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAR, ORA ~~3728 NE 209 TERRACE~~ ~~AVENTURA, FL 33180~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BAR ORA 3340 N.E. 190 ct, Apt. 1504 Aventura Fl. 33180	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100080645101 10/10/06--01009--007 **50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2006	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____   10/4/06   305-776-6540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #