

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF  
DIVISION OF CORPORATIONS

09 MAR 24 PM 12:20

DOCUMENT # T.06000042301

1. Limited Liability Company's Name

DANVER LLC

CR2E041 (10/08)

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

410 NW 199 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

City & State

Zip

33029

Country

USA

Zip

33029

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 04/21/06

6. FEI Number

20-4769830

☐ 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

JULIA OLIVEIRA MARTINEZ

Street Address (P.O. Box Number is Not Acceptable)

410 NW 199 AVE

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33029

☒ 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

REGISTERED AGENT MUST SIGN

Date

**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	JULIA OLIVEIRA MARTINEZ	410 NW 199 AVE	PEMBROKE PINES, L. 33029

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03/24/09--01031--015 \*\*\*416.25

**REINSTATEMENT**

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

Date

3/18/09

Daytime Phone #

954-243-7747

Typed or printed name of signing Managing Member/Manager

JULIA OLIVEIRA MARTINEZ