PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. LIMITED LIABILITY . FLORIDA DEPARTMENT OF STATE COMPANY ...Secretary\_of-State..... REINSTATEMENT DIVISION OF CORPORATIONS **DOCUMENT # L06000057126** Ŧ 1. Umited Liability Company's Name Daniel's Realty, LLC 700147952267 03/30/09--01034--009 \*\*\*51 CR2E041 (10/08) 2. Principal Office Address - No P.O. Box# 3. Mailing Office Address 601 N. Congress Avenue 601 N. Congress Avenue 4. State/Country of Formation Florida Suite, Apt. #. etc. Suite, Apt. #, etc. 5, Date Organized or Qualified To Do Business in Florida June 2, 2006 City & State City & State 6. FEI Number Applied For Delray Beach, FL Delray Beach, FL 20-5114241 Not Applicable Country ZΙρ Country CERTIFICATE OF STATUS DESIRED \$5.00 Additional Legisled 33445 US 33445 US for a Curtificate of Status 8. Name and Address of Current Registered Agent A \$100 reinstatement fee is imposed, except Michael A. Schroeder, Esq., Michael A. Schroeder, P.L. in circumstances which the entity did not Streat Address (P.O. Box Number is Not Acceptable) receive the prior notices. By checking this 2300 Glades Road box, you are certifying the prior notices were Suite, Apt. #, Etc. Suite 400, East Tower not received and requesting the \$100 reinstatement be waived. Zip Code 33431 Boca Raten 9. I, being appointed the repistered epent of th grave named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Date March 20, 2009 Registered Agen REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of Managing Members/Managers Titles City / State / Zip Delray Beach, FL 33445 601 N. Congress Avenue Joseph Doherty MGR MGR Ofer Benaruya 601 N. Congress Avenue Delray Beach, FL 33445 601 N. Congress Avenue Deiray Beach, FL 33445 MGR Steven Lewis 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 less 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. Daytime Phone #\_5-61-756-6-703 Signature of Date March 20, 2009 Managing Member/Manager Typed or printed name of signing Managing Momber/Manager Joseph Doherty