

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000057126

1. Limited Liability Company's Name

Daniel's Realty, LLC,

300299134953
05/11/17--01001--006 **1240.00

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

601 N. Congress Ave.,

Suite, Apt. #, etc.
Suite 102

City & State

Delray Beach, FL

Zip

33445

Country

US

3. Mailing Office Address

601 N. Congress Ave.

Suite, Apt. #, etc.
Suite 102

City & State

Delray Beach, FL

Zip

33445

Country

US

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

06/02/2006

6. FEI Number

20-5114241

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

E.H.G. Resident Agents, Inc.

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

1161 Holland Drive

Apt. #, Etc.

City

Boca Raton, FL

State

FL

Zip Code

33487

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 05/09/17

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Benaruya, Ofer	601 N. Congress Ave, Ste. 102	Delray Beach, FL

11. E-mail Address: ehgilbert@ehgpa.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

[Signature]

Date 05/09/17

Daytime Phone # 561-213-6617

Typed or printed name of signing authorized representative/member Edward H. Gilbert, Authorized Representative

FILED
2017 MAY 10 A
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LD6000057126

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Daniel's Realty, LLC

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
☒ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

D. BRUCE
MAY 11 2017

Signature _____

Requested by: Seth

05/10/17

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____