2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000113728

Entity Name: DANDEEMIK LLC

Current Principal Place of Business:	**New Principal Place of Business:**
12472 LAKE UNDERHILL ROAD ORLANDO, FL 32828	12472 LAKE UNDERHILL ROAD SUITE 159 ORLANDO, FL 32828

Current Mailing Address:	**New Mailing Address:**
12472 LAKE UNDERHILL ROAD ORLANDO, FL 32828	12472 LAKE UNDERHILL ROAD SUITE 159 ORLANDO, FL 32828

FEI Number: 20-5479309   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
INNISS, MICHEAL 0507 BROOK TROUT COURT ORLANDO, FL 32825 US	

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.

SIGNATURE: MICHAEL INNISS
_____
                Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	INNISS, MICHAEL	Name:	
Address:	10507 BROOK TROUT COURT	Address:	
City-St-Zip:	ORLANDO, FL 32825	City-St-Zip:	

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	INNISS, DELORES	Name:	
Address:	10507 BROOK TROUT COURT	Address:	
City-St-Zip:	ORLANDO, FL 32825	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL INNISS   MGR   11/20/2007
_____
          Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date