

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2012 MAY 31 PM 3:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L06000122326

1. Limited Liability Company's Name

Danesther LLC

600231521706

04/25/12--01027--001 \*\*100.00

CR2E041 (1/11)

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

3820 Peacock Dr

Suite, Apt. #, etc.

3. Mailing Office Address

3820 Peacock Dr

Suite, Apt. #, etc.

City & State

Melbourne FL

City & State

FL Melbourne FL

Zip

32904

Country

USA

Zip

32904

Country

USA

4. State/Country of Formation

FL USA

5. Date Organized or Qualified  
To Do Business in Florida

10/22/07

6. FEI Number

510617074

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Above Name and Address of Current Registered Agent

Name

Danny Redman

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

3820 Peacock Dr

Suite, Apt. #, Etc.

City

Melbourn

State

FL

Zip Code

32904

E-mail Address:

600231521706

06/01/12--01033--001 \*\*416.25

dredman39@msn.com

(To be used for future annual report notices)

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

Danny Redman

REGISTERED AGENT MUST SIGN

Date 4/20/12

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	<u>Danny Redman</u>	<u>3820 Peacock Dr</u>	<u>Melbourne FL 32904</u>
MGRM	<u>Esther C. Redman, MD</u>	<u>" "</u>	<u>" " "</u>

REINSTATEMENT  
2010-2012

J. SAULSBERRY  
EXAMINER

JUN 1 2012

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. 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 Managing  
Member/Manager

[Signature]

Date 4/20/12

Daytime Phone # (321) 920-1564

Typed or printed name of signing Managing Member/Manager