


# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000083334		
1. Entity Name DONLEE, LLC		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE REGISTRATION

09 MAR 10 AM 10:41

Principal Place of Business 1000 LEGION PLACE, STE 1700 ORLANDO, FL 32801	Mailing Address 1000 LEGION PLACE, STE 1700 ORLANDO, FL 32801
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**REINSTATEMENT** 08-09 Jan  


2. Principal Place of Business - No P.O. Box # 1801 Cook Avenue	3. Mailing Address 1801 Cook Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02182009 REIN-LLC CR2E101 (1/07)

City & State Orlando, FL	City & State Orlando, FL
Zip 32806	Country Orange
Zip 32806	Country Orange

4. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SHUFFIELD, W. CHARLES 1000 LEGION PLACE, STE 1700 ORLANDO, FL 32801	
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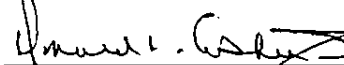
7. Name and Address of New Registered Agent	
Name	Donald L. Asher, Jr.
Street Address (P.O. Box Number is Not Acceptable)	
1801 Cook Avenue	
City	Orlando
State	FL
Zip Code	32806

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	Donald L. Asher, Jr. 2/18/2009
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	

FILE NOW!!! FEE IS \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to: Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Donald L. Asher, Jr. <input type="checkbox"/> Delete 1801 Cook Avenue Orlando, FL 32806	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200145166322 <input type="checkbox"/> Change <input type="checkbox"/> Addition 03/06/09--01043--004 **277.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 	Donald L. Asher, Jr. 2/18/2009 407-425-4561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	