

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2016 APR -1 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08000004833

1. Limited Liability Company's Name

DANAS CONSTRUCTION SERVICES

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

1767 IROQUOIS DRIVE

Suite, Apt. #, etc.

City & State

APOPKA, FL

Zip

32703

Country

USA

3. Mailing Office Address

1767 IROQUOIS DRIVE

Suite, Apt. #, etc.

City & State

APOPKA, FL

Zip

32703

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

1/15/2008

6. FEI Number

42-1752406

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

DANA A. MISKELL

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

1767 IROQUOIS DRIVE

Apt. #, Etc.

City

APOPKA

State

FL

Zip Code

32703

600284060766
04/01/16--01028--015 **\$16.25

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

Dana A. Miskell

REGISTERED AGENT MUST SIGN

Date 3/30/2016

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
MGRM	DANA A. MISKELL	1767 IROQUOIS DRIVE	APOPKA, FL 32703
REINSTATEMENT			
2014-2016			
<i>DD 4/6/16</i>			

11. E-mail Address: DANAM77777@AOL.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. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, 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

Dana A. Miskell

Date

3/30/2016

Daytime Phone #

734-748-6215

Typed or printed name of signing authorized representative/member

DANA A. MISKELL