

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY -
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000005853

1. Limited Liability Company's Name

DAGAA, LLC

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

4120 FELDSPAR TRAIL

Suite, Apt. #, etc.

3. Mailing Office Address

4120 FELDSPAR TRAIL

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32826

Country

USA

Zip

32826

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

01/16/2008

6. FEI Number

26-1760612

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

ALEJANDRO GARCIA

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

4120 FELDSPAR TRAIL

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32826

E-mail Address:

ag7187@hotmail.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

Date **03/06/2012**

REGISTERED AGENT MUST SIGN

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	GARCIA, DANIEL	4120 FELDSPAR TRAIL	ORLANDO, FL 32826
MGRM	GARCIA, ALEJANDRO	4120 FELDSPAR TRAIL	ORLANDO, FL 32826

REINSTATEMENT
2009-2012

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 608.10(1)(a) 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

Date **03/06/2012**

Daytime Phone #

954-882-6805

Typed or printed name of signing Managing Member/Manager **ALEJANDRO GARCIA**