

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

16 MAR 10 AM 10:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L14 0000 86544**

1. Limited Liability Company's Name

Danys Enterprises, LLC

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

3371 Goldmine Drive

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

City & State

Zip

32303

Country

Leon

Zip

Country

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

800283216128

03/10/16--01016--001 **377.50

8. Name and Address of Current Registered Agent

Name

Harry Lann Danys

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

3371 Goldmine Drive

Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/10/16

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
MEM	Harry Lann Danys	3371 Goldmine Drive	Tallahassee, Florida 32303
	REINSTATEMENT	<i>[Signature]</i>	MAR 10 2016
			R. HUNT

11. E-mail Address

info@danyswash.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

[Signature]

Date

3/9/16

Daytime Phone #

850 232-4635

Typed or printed name of signing authorized representative/member