

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

16 OCT 25 AM 11:02

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L15000151977

1. Limited Liability Company's Name

Dato Labs, LLC

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

350 LINCOLN ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Zip

33139

Country

US

Zip

Country

8. Name and Address of Current Registered Agent

Name

Jose Cardona

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

350 LINCOLN ROAD

Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33139

CR2E041 (1/14)

4. State/Country of Formation

Florida, US

5. Date Organized or Qualified  
To Do Business in Florida

09/04/2015

6. FEI Number

47-4988724

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status

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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

Date 10/20/2016

REGISTERED AGENT MUST SIGN

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
MGMR	Jose Cardona	350 LINCOLN ROAD	Miami Beach, FL

**REINSTATEMENT**

11. E-mail Address

(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

Date

10/20/2016

Daytime Phone #

(561) 325-7199

Typed or printed name of signing authorized representative/member Jose Cardona