	ALL NATROT	INNS BEFORE	COMPLETING	THIS FORM.
	E BOA POA		りる	
LIMITED LIABILET		ine Harris	T	ILED
REINSTATEMENT		ry of State		C - 1 AM 10: 21
DOCUMENT # L98000000000000000000000000000000000000				
1 Limited Lighlity Company's Name			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Daniel Franchise S	ystoms, L.L.C	•		
			OFFINAT	
	1_		WEW?	ATEMENT_00
2. Principal Office Address 3. Mailing Off		mice Address		
2900 NE 305+. P-Z Suite, Apt. #, etc.	2900NE30 Suite, Apt. #, etc.			, , ,
P-2	P-2	_ <b>5.</b> Date Or		Qualified Florida 10/00
City & State		1/	To Do Business in <b>6.</b> FEI Number	Florida 10/98 Applied For
Ft. Landerdale	Ff Land			Not Applicable
33306 Country USA	33306	Country USA	7. CERTIFICATE OF STA	TUS DESIRED DESIRED DESIRED DESIRED DESIRED DESIRED DESIRED DE SERVICIO DE SER
L		Address of Current Regis	stered Agent	
Brad	aniel		200	- naane7093+-6
Street Address (P.O. Box Numb	er is Not Acceptable)			003067093+-6 -12/10/9901079009 ****190.00 ****190.00
2900 NF 3 Suite Apt. #, Etc.	>0.51			*****130.00 ****140.00
			State	Zin Code
Ft. Lauder	rdale		FL	33306
9. I, being appointed the registered agent of t	he above <del>named limited</del> liability c	ompany, am familiar with a	nd accept the obligations of (	, ,
Signature of Registered Agent		Dat	. 11/23/99	
	REGISTERED AGENT MUS	T SIGN		
10. Names and Street Addresses of Managin	ng Members/Managers			
	Name of Street Address of Managing Members/ Managers Managing Member			City / State / Zip
<b>E</b>				
Mangue Brade Delais	1 290	0 NE 30S1	PZ U	Laudadale, FL 33306
1-9 Dina Davis		<u> </u>	· - / 1.	Law Haut 11 C 75300
			}   	
	}			
				W no
				- JA 10/4 \
			1	\V -
.: 11. I certify that I am managing member/man filing this reinstatement application the rea	son for dissolution has been elimi	inated, the limited liability co	ompany name satisfies the rec	uirements of section 608.406, F.S., and that
all fees owed by the limited liability compa	ny nave neso paro, The informatio		_	my signature shall have the same legal effect
Signature of Managing Member/Manager		Date //	1/23 Daytime	Phone # 954-630 8676
Typed or printed name of signing Managing M	T Will The Property of the Pro	aniel	<i>'</i>	
Typed of printed name of signing managing M	en en invaliager			