

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 19 PM 11:02

DOCUMENT # **C98/2222**

1. Limited Liability Company's Name

Daniel Franchise Systems, LLC.

2. Principal Office Address

2900 NE 30 St

Suite, Apt. #, etc.

P-2

City & State

Ft. Lauderdale FL

Zip

33306

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida Broward

5. Date Organized or Qualified
To Do Business in Florida

Oct 1998

6. FEI Number

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

Brad Daniel

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

2900 NE 30 St.

Suite, Apt. #, Etc.

P-2

City

Ft. Lauderdale

State

FL

Zip Code

33306

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

REGISTERED AGENT MUST SIGN

Date

10/13/00

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
	Brad Daniel	2900 NE 30 St P-2	Ft. Lauderdale, FL 33306

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 608.406, 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.

Signature of
Managing Member/Manager

Date

10/13/00

Daytime Phone #

954/630 8676

Typed or printed name of signing Managing Member/Manager

Brad Daniel

CR2E041 (9/00)