PLEASE R L 1 15T UC DN D DE DN D S 2 5 7 . 9

LIMITED LIABILITY COMPANY REINSTATEMENT	Secretar	TMENT OF STATE y of State corporations		03 AUG - 1	PH 2: 35		
DOCUMENT # L9900008279 1. Limited Liability Company's Name DANHE NO III, LLC				AS SOLVED	FLORIDA		
Principal Office Address 3. Mailing Office Address			100022259651 084249301065003 **300.80				
9822 BAY MEADOW Suite, Apt. #, etc.	2 BAY MEADOW Suite, Apt. #, etc.			4. State/Country of Formation FL COLLIER 5. Date Organized or Qualified To Do Business in Florida //-30-99			
BONITA SPRINGS, FL. Zip Country 34135 LEE	Zip	Country	6. FEI Number 21-36883 7. CERTIFICATE OF S	\	Applied For Not Applicable 5.00 Additional Fee required for a Certificate of Status		
Name FOOA F. O'DONOUAN Street Address (P.O. Box Number is Not Acceptable) P822 BAY MEADOW 19/12/13-010E6-004 **5.04 Suite, Apt. #, Etc. City							
9. I, being appointed the registered agent of the a Signature of Registered Agent	bove named limited liability. REGISTERED AGENT MUS) mercen		of Chapter 608, F.S. Date	-23		
10. Names and Street Addresses of Managing N	lembers/Managers	Street Address of E	ach		State / Zio		
Titles Managing Members/Man		Managing Member/Manager			State / Zip		
Myn DANKEL F. O')	DONOUAN 9.	822 BAY 1	MEADOW A	BONITA SP 11	1 <u>R11065 FZ 34135</u> 1 (
	REW	STATEME	N 2000	-200	3		
			///	or in charter 600 E 6	I further certify that when		
11. I certify that I am managing member/manage filling this reinstatement application the reason all fees owed by the limited liability corporaty	er or the receiver or trustee of for dissolution has been elimate been paid. The information	empowered to execute this a minated, the limited liability o tion indicated on this applica	application as provided to ompany name satisfies that on is true and accurate,	ne requirements of section and my signature shall	ion 608.406, F.S., and that have the same legal effect		

R2E041 (10/02)

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter odd, 15. Indipated to in chapter odd, 15. Indipate of the receiver or trustee empowered to execute this application as provided for in chapter odd, 15. Indipate of 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 13/-03 Daytime Phone #239-949-0733

Typed or printed name of signing Managing Member/Manager