PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

15 JUN 16 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M06000001937

1. Limited Liability Company's Name
DANE Investments LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1221 Brickell Avenue		1221 Brickell Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 2660		Suite 2660	
City & State		City & State	
Miami, FL		Miami, FL	
Zip	Country	Zip	Country
33131	U.S.	33131	U.S.

CR2E041 (1/14)

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida
March 31, 2006

6. FEI Number
20-4506906
☐ 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
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable) Suite
1200 South Pine Island Road

Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

600274106656
06/16/15--01004--023 **332.50

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: Michele Holden
Michele Holden,
Assistant Secretary
Date: 06/16/2015

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
MGRM	Joseph E DaGrosa, Jr.	1221 Brickell Ave., Suite 2260	Miami, FL 33131
MGRM	David W Neithardt	1221 Brickell Ave., Suite 2260	Miami, FL 33131

REINSTATEMENT

11. E-mail Address: adejongh@1848capital.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: 6/05/2015 Daytime Phone #: 786-662-3681

Typed or printed name of signing authorized representative/member: David Neithardt

Wolters Kluwer 515 E. Park Ave., Tallahassee, FL, 32301 850-205-8842

DANE INVESTMENTS LLC **M06000001937**

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ACKNOWLEDGED
SUFFICIENCY OF FILING

Thank you!

( ) Profit ( ) Nonprofit	( ) Amendment	( ) Merger
( ) Foreign	( ) Dissolution/Withdrawal **(X) Reinstatement**	( ) Mark
( ) Limited Partnership () LLC	( ) Annual Report ( ) Name Registration ( ) Fictitious Name	( ) Other ( ) UCC
() Certified Copy	( ) Photocopies	() CUS
( ) Call When Ready (x) Walk In ( ) Mail Out	( ) Call If Problem ( ) Will Wait	(x) Pick Up

Name 6/16/2015 Order#:
Availability _____ **9589731**
Document **ST**
Examiner _____ Ref#: ___
Updater _____
Verifier _____
W.P. Verifier _____ Amount: $ ___