

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

15 JUN 16 PM 2:36

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

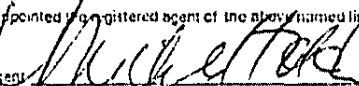
2. Principal Office Address - No P.O. Box # 1221 Brickell Avenue		3. Mailing Office Address 1221 Brickell Avenue	
Suite, Apt. #, etc. Suite 2660		Suite, Apt. #, etc. Suite 2660	
City & State Miami, FL		City & State Miami, FL	
Zip 33131	Country U.S.	Zip 33131	Country U.S.

CR2E041 (1/14)

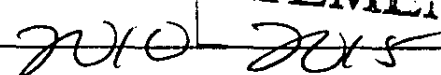
4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida March 31, 2006	
6. FEI Number 20-4506906	Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ \$3.00 Additional Fee required for a certificate of status	

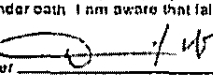
8. Name and Address of Current Registered Agent		
Name NRAI Services, Inc.		
Street Address (P.O. Box Number is Not Acceptable) Suite 1200 South Pine Island Road		
Apt. #, Etc. 		
City Plantation	State FL	Zip Code 33324

600274106656
06/15/15--01004--023 **932.50

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 	Michelo Holden, Assistant Secretary	Date 06/16/2015
REGISTERED AGENT MUST SIGN		

10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representative/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 Nelthardt	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. 817.135, F.S.		
Signature of authorized representative/member 	Date 6/05/2015	Daytime Phone # 786-662-3681
Typed or printed name of signing authorized representative/member David W Nelthardt		

Wolters Kluwer

515 E. Park Ave., Tallahassee, FL, 32301

850-205-8842

DANE INVESTMENTS LLC

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DEPARTMENT OF STATE
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Thank you!

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

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

6/16/2015

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Order#:
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Ref#: _____

Amount: \$ _____