

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY'S
DIVISION OF CORPORATIONS

09 JUL 16 AM 7:47

REINSTATEMENT 2007-09 JEM

500158270955
07/08/09--01037--002 **521.25
CR2E041 (10/08)

DOCUMENT #

1. Limited Liability Company's Name

DANIEL MARANI LLC

2. Principal Office Address - No P.O. Box #

388 LAKESIDE RANCH

Suite, Apt. #, etc.

CIRCLE

3. Mailing Office Address

388 LAKESIDE RANCH

Suite, Apt. #, etc.

CIRCLE

City & State

WINTER HAVEN FL.

City & State

WINTER HAVEN FL.

Zip

33881

Country

POLK

Zip

33881

Country

POLK

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

1999

6. FEI Number

270076795

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

8. Name and Address of Current Registered Agent

Name

DANIEL MARANI

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

388 LAKESIDE RANCH CIRCLE

Suite, Apt. #, Etc.

City

WINTER HAVEN

State

FL

Zip Code

33881

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

Daniel Marani
REGISTERED AGENT MUST SIGN

Date 7-6-09

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
MGR	DANIEL MARANI	388 LAKESIDE RCH CR.	WINTER HAVEN FLORIDA

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

Daniel Marani

Date 7-6-09 Daytime Phone # 863 287 6150

Typed or printed name of signing Managing Member/Manager

DANIEL J MARANI