

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Glenda F. Hood**  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC -2 PM 12:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000123032**

1. Corporation Name

**DANMARSH, INC.**

Principal Place of Business

Mailing Address

~~1735 BRANTLEY ROAD  
SUITE 706  
FORT MYERS FL 33907  
US~~

1735 BRANTLEY ROAD  
SUITE 706  
FORT MYERS FL 33907  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



2. New Principal Office Address, If Applicable

*2085 Andrea Lane*

3. New Mailing Office Address, If Applicable

*2085 Andrea Lane*

4. Date Incorporated or Qualified To Do Business in Florida

*11/18/2002*

Suite, Apt. #, etc.

*Suite 7*

Suite, Apt. #, etc.

*Suite 7*

5. FEI Number

*41 2069409*

Applied For

Not Applicable

City & State

*Fm, FL*

City & State

*Fm, FL*

6.

- CERTIFICATE OF STATUS DESIRED -

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
President	Thomas P. Scheier	1735 Brantley #706	(Fort Myers) Fm, FL 33907
Vice Pres	DANIEL J. Hoffman	3313 SW 26th Ave	(Cape Coral) CC, FL 33914
Secretary	Maryann Hoffman	3313 SW 26th Ave	(Cape Coral) CC, FL 33914

**REINSTATEMENT**

*03*

300025168773  
12/02/03--01063--025 \*\*150.00

*TS*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

Name

*MARYANN HOFFMAN*

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

*2085 Andrea Lane*

Suite, Apt. #, Etc.

*Suite # 7*

City

*Fort Myers*

State

**FL**

Zip Code

*33912*

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

*Maryann Hoffman*

REGISTERED AGENT MUST SIGN

Date

*11/21/03*

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. 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:

*Thomas P. Scheier*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/20/03*

Date

*239-267-8100*

Daytime Phone #

CRE040 (7/03)

*Paye*

HOFFSHIRE DISTRIBUTING  
2085-7 ANDREA LANE  
FORT MYERS, FL 33912  
PHONE: #239-267-8100

Division of Corporations  
Annual report/reinstatement section  
PO Box 6327  
Tallahassee, FL 32314-6327

To whom it may concern:

Hoffshire Distributing received the enclosed form for reinstatement. We have not received anything in the past from Division of Corporations. If you have any questions or concerns, please feel free to call us at (239)267-8100.

Sincerely,

*Maryann Hoffman*  
Maryann Hoffman  
Owner