

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000020173

Entity Name: DASH GROUP, INC.

FILED
Oct 13, 2009
Secretary of State

Current Principal Place of Business:

695 16TH AVENUE SOUTH
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3219
NAPLES, FL 341063229 US

New Mailing Address:

PO BOX 3219
NAPLES, FL 34106 US

FEI Number: 65-0663459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICI, JAMES R ESQ.
C/O COX & NICI
1185 IMMOKALEE ROAD, SUITE 110
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES R NICI

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: STOREY, JANET
Address: 695 16TH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102 US

Title: DP () Delete
Name: AKINS, ERIK
Address: 695 16TH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102 US

Title: D () Delete
Name: HALLER, MICHAEL
Address: 695 16TH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102 US

Title: D () Delete
Name: DRAUCKER, CARL
Address: 695 16TH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIK W AKINS

Electronic Signature of Signing Officer or Director

DP

10/13/2009

Date