

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION FOR REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
 Sandra J. DeLoach
 Secretary of State
 DIVISION OF CORPORATIONS



FILED
 98 DEC -1 PM 2:25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

98 AIR

DOCUMENT # P97000028377

1. Corporation Name
 DAR USA INC

Principal Place of Business Mailing Address
 5422 Theresa Rd.
 Tampa, Florida 33615

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

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
 03/26/1997

5. FEI Number
 59-3445956

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres.	Majed Abuamaish	10218 Evening Trail Drive	Riverview, Florida 33569
			400002705404--4 -12/08/98--01005--008 ***150.00 ***150.00
			SL 12-4-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
 Jack A. LeHew

Street Address (P.O. Box Number is Not Acceptable)
 5422 Theresa Road

Suite, Apt. #, Etc.

City
 Tampa

State
 FL

Zip Code
 33615

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.

Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN _____ Date _____

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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)(i), 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: Majed Abuamaish
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E040 (1/88)

DAR USA INC

5422 THERESA ROAD
TAMPA, FLORIDA 33615



Phone (813) 885-6767

November 24, 1998

Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Attn: Reinstatement Department,

About one week ago we were selling our business and the buyer advised us our corporation had been canceled. We called your office and found we had not paid our \$150.00 annual tax. We advised the gentlemen on the phone we had never received your form billing us for this fee. He suggested we mail the reinstatement form along with the \$150.00 filing fee and request the reinstatement fee be waived.

Please find all the attached forms and our request to drop the fee.

Sincerely,

Majed Abuimaish