

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

6

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 13 PM 4:50

DOCUMENT # P99000082549

1. Corporation Name

DARIUS ENTERPRISES, INC.

Principal Place of Business

Mailing Address

3844 CHAUCER WAY
LAND O'LAKES FL 34639

3844 CHAUCER WAY
LAND O'LAKES FL 34639



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/20/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3599132

Not Applicable

Zip

Country

Zip

Country

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
PD	RUBIN, HOWARD J	3844 CHAUCER WAY	LAND O'LAKES FL 34639
VTD	RUBIN, ANN M	3844 CHAUCER WAY	LAND O'LAKES FL 34639
S	RUBIN, DARREN A	3844 CHAUCER WAY	LAND O'LAKES FL 34639
			800003487438--0 -12/05/00--01047--021 ****158.75 ****158.75
			DR 11/29

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Howard J Rubin
REGISTERED AGENT MUST SIGN

Date 11/7/00

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)(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:

Howard J Rubin / HOWARD J RUBIN 11/7/00 (913) 995-9384
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/00)

Dear Sir or Madam,

I have recently moved to Florida from Pennsylvania. Darius enterprises, Inc. is the first corporation I have opened in the state of Florida. The corporation was opened in Sept. 20, 1999. This corporation sat idle until April of 2000, when the first business transactions occurred.

I owned a medical supply corporation in Pennsylvania for many years. The state of Pennsylvania did not require any yearly fees. I was not aware of this procedure and I would appreciate a reconsideration of my reinstatement application status.

A check for \$158.75 is enclosed. If I received a prior notice prior to this application this bill would have been paid on time.

I want to thank you for your cooperation and the opportunity to do business in the state of Florida.

Sincerely,
Howard J. Rubin, Pres.