FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 MAY 12 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 220767

REINSTATEMENT 02-03

400017228834
04/28/03--01137--018 **900.00

1. Corporation Name
DAN-HOW CORP.

2. Principal Office Address	3. Mailing Office Address
17653A ASHBOURNE LANE	17653A ASHBOURNE LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
BOCA RATON FL	BOCA RATON FL
Zip: 33496 Country: USA	Zip: 33496 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-0951473 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: GERALD SILVERMAN
Street Address (P.O. Box Number is Not Acceptable): 28 W FLAGLER ST
Suite, Apt. #, Etc.:
City: MIAMI State: FL Zip Code:

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

Signature of Registered Agent: Gerald Silverman — Date: 4/23/03
REGISTERED AGENT MUST SIGN

CR2E036 (1/02)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
STD	MARILYN RALBY	17653A ASHBOURNE LANE	BOCA RATON FL 33496
PD	HOWARD RALBY	17653A ASHBOURNE LANE	BOCA RATON FL 33496

10. 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 reported on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] HOWARD RALBY — 4/23/03 — (561) 241-3040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #