

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 407919

1. Entity Name
DAN ZEIGLER, INC.



FILED

2007 OCT 12 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10042007 REIN-P CR2E098 (1/07)

4. FEI Number
59-1860613
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SARDINHA, LESTER
16283 SW 284TH ST.
MIAMI, FL 33033

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *CAROL A SARDINHA* 10:09:07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SARDINHA, LESTER F.
STREET ADDRESS 16283 SW 284TH ST.
CITY-ST-ZIP HOMESTEAD, FL 33033 ☐ Delete

TITLE SD
NAME SARDINHA, ELLA A.
STREET ADDRESS 16283 SW 284TH ST.
CITY-ST-ZIP HOMESTEAD, FL 33033 ☐ Delete

TITLE TD
NAME SARDINHA, JUDY A.
STREET ADDRESS 16283 SW 284TH ST.
CITY-ST-ZIP HOMESTEAD, FL 33033 ☐ Delete

TITLE D
NAME SARDINHA, CAROL A
STREET ADDRESS 16283 SW 284 ST
CITY-ST-ZIP HOMESTEAD, FL 33033 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200110709092
CITY-ST-ZIP 10/12/07--01010--019 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *CAROL A SARDINHA* 10:09:07 305-258-4626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/13