

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F00000004519



1. Entity Name
DANBEE INDUSTRIAL INVESTIGATIONS CORP.

FILED

04 DEC -3 PM 1:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**ONE GODWIN AVENUE
MIDLAND PARK, NJ 07432**

Mailing Address
**P.O. BOX 159
MIDLAND PARK, NJ 07432**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10272004 REIN-P CR2E098 (6/04)

City & State

City & State

4. FEI Number
22-1905828

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

B. 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

**Michael J. Mitchell
Assistant Secretary**

11/29/04
DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agents must be registered in Florida.)

DATE

**FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** Delete
NAME **BRANDMAN, BARRY**
STREET ADDRESS **24 LOWELL DRIVE**
CITY-ST-ZIP **WAYNE, NJ 07470**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** Delete
NAME **ENNIS, RALPH S JR**
STREET ADDRESS **36 ARCH STREET**
CITY-ST-ZIP **BUTLER, NJ 07405**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TCD** Delete
NAME **BRANDMAN, DANIEL E**
STREET ADDRESS **28 PARTRIDGE RUN**
CITY-ST-ZIP **MONTVALE, NJ 07645**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/04 (201)652-5500
Date Daytime Phone #