2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000006878

DANKII AOLIE INIO

FILED Oct 08, 2007 Secretary of State

Entity Na	me: Dannias	HE, INC.					
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:			
6800 BROKEN SOUND PKWY BOCA RATON, FL 33487			SUITE 100	6800 BROKEN SOUND PKWY SUITE 100 BOCA RATON, FL 33487			
Current N	lailing Address	::	New Maili	New Mailing Address:			
	KEN SOUND P TON, FL 33487		SUITE 100	6800 BROKEN SOUND PKWY SUITE 100 BOCA RATON, FL 33487			
FEI Number	: 95-4665271	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired	()	
Name and	l Address of Cu	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
1201 HAY	ATION SERVICI S STREET SSEE, FL 3230						
	e named entity so e of Florida.	ubmits this statement for the p	ourpose of changing i	ts registered	office or registered agent, c	or both,	
SIGNATUI	RE: CSC						
	Electroni	c Signature of Registered Age	ent		Date		
		(2)(b), F.S., the corporation did no Trust Fund Contribution().	ot receive the prior notic	e.			
OFFICER	S AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PST () I ASHER, PAUL 6800 BROKEN S BOCA RATON, F		Title: Name: Address: City-St-Zip:	() Change()Addition		
Title: Name: Address: City-St-Zip:	VP () I MCNICHOLAS, N 6800 BROKEN S BOCA RATON, F	OUND PKWY	Title: Name: Address: City-St-Zip:	() Change()Addition		
Title: Name: Address: City-St-Zip:	C () I ASHE, PAUL 6800 BROKEN S BOCA RATON, F		Title: Name: Address: City-St-Zip:	ASHER, PAUL	I SOUND PKWY		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL ASHER PST 10/08/2007