

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2009 DEC 11 PM 5:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F62310**

1. Corporation Name

DANTEX, INC.

2. Principal Office Address

9691 SW 102 AVE. RD

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33176

Country

3. Mailing Office Address

9691 SW 102 AVE. RD

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33176

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02-17-82

5. FEI Number

59-2174466

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 2009

**7. Name and Address of Current Registered Agent**

Name

ANDREW T. CLARK

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

9691 SW 102 AVE. RD

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33176

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date

1

REGISTERED AGENT MUST SIGN

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
PSD	ANDREW T. CLARK	9691 SW 102 AVE. RD	MIAMI, FL 33176
VPD	ANNE MAHON	9691 SW 102 AVE. RD	MIAMI, FL 33176

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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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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DANTEX, INC.  
F62310


TO: Div of Corp  
Attn: Tyrone Scott

Re: Reinstatement

As per our conversation I am sending to you the Reinstatement form along with a check to properly up-date my Corporation. I would like any penalties to be waived in order to get this Corporation in Active status I further state that I never received the first nor second notice of the report.

If you have any question please don't hesitate contact me at the above listed address.

Cordially,

  
ANDREW T. CLARK  
(President)