

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

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DOCUMENT # **F84296**

1. Corporation Name

DANRON MANAGEMENT INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

8898 N.W. 7TH AVENUE
 MIAMI FL 33150
 US

8898 NW 7TH AVENUE
 MIAMI FL 33150
 US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 2121 NW 139th STREET	3. New Mailing Office Address, If Applicable 2121 NW 139th STREET
Suite, Apt. #, etc. Box # 2	Suite, Apt. #, etc. Box # 2
City & State OPALOCKA, FL	City & State OPALOCKA
Zip 33054 Country Miami-Dade	Zip 33054 Country Miami-Dade

4. Date Incorporated or Qualified To Do Business in Florida 06/03/1982		
5. FEI Number 59-2194958	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	HANDLER, DAN	5670 CORPORATE WAY	WEST PALM BEACH FL
VSD	GAVSIE, RONALD	8898 NW 7th Ave 2121 NW 139th Street Box # 2, OPALOCKA, FL 33054	MIAMI FL 33054
			400003455744--3 -11/07/00--01098--020 ****750.00 ****750.00

8. Name and Address of Current Registered Agent GAVSIE, RONALD 8898 NW 7TH AVNEUE MIAMI FL 33150	9. Name and Address of New Registered Agent Name RONALD GAVSIE Street Address (P.O. Box Number is Not Acceptable) 2121 NW 139th Street Suite, Apt. # Etc. Box # 2 City OPALOCKA State FL Zip Code 33054
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent _____ Date **10/18/2000**
 REGISTERED AGENT MUST SIGN

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

SIGNATURE: **Ronald Gavsie** Date **10/18/2000** Daytime Phone # **(305) 687-6080**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)