## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT, OF STATE Katherine Harris

**APPLICATION** 

FOR REINSTATEMENT	Katherine Hai Secretary of St DIVISION OF CORPOR	ate	)!	FILED SECRETARY OF STATE VISION OF CORPORATIONS
DOCUMENT # G45281  1. Corporation Name				01 DEC 14 PM 2:26
MICHAEL D. DANLY, P.A.				
Principal Place of Business	Mailing Address			N. S.
3121 COMMODORE PLAZA 3121 COMMODORE PLAZA #5 #5				
MIAMI FL 33133 MIAMI FL 33133 US US US				
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable			Date Incorp.	orated or Qualified
Suite, Apr. #, etc. Suite, Apr. #, etc. Suite, Apr. #, etc.		Ail Ave		orated or Qualified ness in Florida 06/03/1983
City & State  W 1 AM 1 FL City & State  M 1 AM 1 , FL		5. FEI Number 59-2292928 Applied For Not Applicable		
Zin 3133 Country ADE	Zip 3 3 1 3 3 Country	ADE	6. CERTIFICATE	OF STATUS DESIRED- \$8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or			st 3 directo	000047408283 -12/27/0j01028001
		et Address of Each cer and/or Director		4 ****600.00 *****600.00
DP : DANLY, MICHAEL D. 1917 TIGERTAIL		VENUÉ		MIAMI FL
en de la companya de				1 1 1
				BUNK
				(1)
	San San Andrews		1 1	
	\$ \$ (proce to any		<u> </u>	00047408283 -12/27/0101028002 ****150.00 ****150.00
8. Name and Address of Current Registered Agent Nar		Name		Address of New Registered Agent
DANLY, MICHAEL D.		Name Wich Acl DAN'Y  Street Address (P.O. Box Number is Not Acceptable)  Support Acceptable  Support Acceptable		
3121 COMMODORE PLAZA MIAMI FL 33133		Suite, Apr. *, Etc. Tigeton Ave		
		City M	iami	State Zin Code 737173
10. I, being appointed the registered agent of the above	e named corporation, am familiar with	h and accept the ob	ligations of Secti	on 607.0505, F.S.
Signature of Registered Agent REG	UVEGEQU ISTERED AGENT NUST SIGN	IRED		Date
11. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolu owed by the corporation have been paid and the na on this application is true and accurate, and my sign	ition has been eliminated, the corpor mes of individuals listed on this form	ate name satisfies to a do not qualify for a	he requirements in exemption und	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date  Description #				