PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 OCT 22 PM 4:51

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H61885

REINSTATEMENT 88-04

600042101876
10/22/04--01030--022 **2795.00

1. Corporation Name

Don-Neil, Inc.

2. Principal Office Address	3. Mailing Office Address
1835 S. Ocean Bl, #A Delray Beach, FL 33483	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Delray Beach, FL	City & State: 33483
Zip: 33483 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 6-13-85

5. FEI Number: 59-2606396 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Donald S. Lloyd

Street Address (P.O. Box Number is Not Acceptable): 1835 S. Ocean Bl., #A, Delray Beach, FL 33483

Suite, Apt. #, Etc.:

City: State: FL Zip Code:

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 9-30-04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
P	Donald S. Loyd	1835 S. Ocean Bl., #A Delray Beach, FL 33483	
VP	Neil Lustig	11918 Glenmore Drive Coral Springs, FL 33071	
Treas	Robin Lloyd	1835 S. Ocean Bl., #A Delray Beach, FL 33483	
Sec	Eileen Lustig	11918 Glenmore Drive Coral Springs, FL 33071	

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 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: ✓ _____ 9-30-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/25 aw