

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
98 NOV -6 AM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J33125

1. Corporation Name  
DAN MAITRE ENTERPRIZES, INC.

Principal Place of Business Mailing Address  
% DANNY MAITRE 434 NORTHEAST 6TH STREET BOCA RATON FL 33432

REINSTATEMENT 1996

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  
4. Date Incorporated or Qualified To Do Business in Florida 09/08/1988  
5. FEI Number 59-2740734  
6. CERTIFICATE OF STATUS DESIRED

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entry for DANNY MAITRE at 434 N.E. 6TH STREET, BOCA RATON FL 33432.

700001999877--5  
-11/08/96--01017--002  
\*\*\*\*\*375.00 \*\*\*\*\*375.00

8. Name and Address of Current Registered Agent: MAITRE, DAN, 434 N.E. 6TH STREET, BOCA RATON FL 33432  
9. Name and Address of New Registered Agent: DAN MAITRE, 434 NE 6TH, BOCA RATON, FL 33432

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: [Signature] REGISTERED AGENT MUST SIGN Date: 10/10/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No [ ]

12. 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: [Signature] REGISTERED AGENT MUST SIGN Date: 10/10/96 Daytime Phone # 561-5987551