



2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # L09890 1. Entity Name DANIEL GOLDFARB INC.						FILED 04 OCT 25 PM 1:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business: % DANIEL GOLDFARB 5999 CENTRAL AVE ST PETERSBURG, FL 33710				Mailing Address % DANIEL GOLDFARB 5999 CENTRAL AVE ST PETERSBURG, FL 33710			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 59-2963853				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				10202004 REIN-P CR2E098 (6/04)			
6. Name and Address of Current Registered Agent GOLDFARB, DANIEL 5999 CENTRAL AVE ST. PETERSBURG, FL 33710				7. Name and Address of New Registered Agent Name STEPHEN SIMONE CPA Street Address (P.O. Box Number is Not Acceptable) 6439 CENTRAL AVE City ST PETERSBURG FL Zip Code 33710-0411			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				(NOTE: Registered Agent signature required when reinstating) _____ 10/20/2004 <small>DATE</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDFARB, DANIEL 5999 CENTRAL AVE ST. PETERSBURG, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	President		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	sec/Treas Linda Goldfarb 5999 Central Ave St Petersburg FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	200042157502 10/25/04--01060--017 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				10/24/04 1-727-341-0272 <small>Date Daytime Phone #</small>			