

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

AND  
FILED

96 NOV 12 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L54928**

1. Corporation Name  
**DADENARD, INC.**

Principal Place of Business  
**C/O DENNIS MCGINNIS  
2940 N.E. 19TH TERRACE  
LIGHTHOUSE POINT FL 33084-7801**

Mailing Address  
**C/O DENNIS MCGINNIS  
2940 N.E. 19TH TERRACE  
LIGHTHOUSE POINT FL 33084-7801**



**REINSTATEMENT**

**96 20**

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 <b>03/06/1990</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0172056</b>	
City & State		City & State		Applied For	
Zip		Country		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>					

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<b>D</b>	<b>MCGINNIS, DENNIS</b>	<b>2940 N.E. 19TH TERRACE</b>	<b>LIGHTHOUSE PT. FL</b>
<b>P/ST</b>	<b>MCGINNIS, THERESA</b>	<b>2940 NE 19TH TERRACE</b>	<b>LIGHTHOUSE POINT FL</b>
			<b>400002006744-9</b> <b>-11/18/96--01007--035</b> <b>*****208.75 *****208.75</b>
			<b>400002006744--9</b> <b>-11/18/96--01007--036</b> <b>*****175.00 *****175.00</b>

8. Name and Address of Current Registered Agent

**MCGINNIS, DENNIS  
2940 N.E. 19TH TERRACE  
LIGHTHOUSE POINT FL 33074**

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State <b>FL</b>
Zip Code

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]*

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **9/18/96**

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

(See other side for information on intangible tax.)

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]*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/18/96**

Date Daytime Phone