

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 19 AM 7:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000003331

1. Corporation Name

D.A.N.D Foundation inc.

W1-9246

200170248272
02/23/10--01022--005 **236.25

2. Principal Office Address - No P.O. Box #

1634 NW 6th Ave

Suite, Apt. #, etc

City & State

Florida City

Zip

33034

Country

US

3. Mailing Office Address

10760 SW 175st

Suite, Apt. #, etc

City & State

Miami, FL

Zip

33157

Country

US

REINSTATEMENT

08-10

4. Date Incorporated or Qualified
To Do Business in Florida

03/30/2007

5. FEI Number

☒ 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

Darien Anderson

Street Address (P.O. Box Number is Not Acceptable)

10760 SW 175 st

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33145

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

200170248272
03/19/10--01042--009 **131.25

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

REGISTERED AGENT MUST SIGN

Date 2/10/2010

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
PSTD	Darien Anderson	10760 sw 175 st	Miami/Florida/33157
V	Leatrice Perry-Bethune	9761 Martinque Dr	Miami/Florida/33189
D	Tracy Scott	10291 sw 168 st	Miami/FL/33157
D	Takia Burnett	11226 SW 229 terr	Miami/Florida/33170
		9/3/22	

10. E-mail Address: darien729@yahoo.com

(To be used for future annual report notification)

11. 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. I further certify 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Darien Anderson

Date

2/10/2010

Daytime Phone #

(786) 232-1102