

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 DEC 21 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

N96000003761

1. Corporation Name

The Danny Foundation, Inc.

REINSTATEMENT 97-05

2. Principal Office Address

2376 Madrid Avenue

3. Mailing Office Address

2376 Madrid Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Safety Harbor, Florida

City & State

Safety Harbor, FL

Zip

Country

34685

USA

Zip

Country

34685

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

7-15-96

5. FEI Number

59-3400316

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

Joel S. Treuhaft, Esquire

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

2274 State Road 580

Suite, Apt. #, Etc.

Suite C

City

Clearwater

State

FL

Zip Code

33763

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

REGISTERED AGENT MUST SIGN

**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
D	Donald Gorman	2376 Madrid Avenue	Safety Harbor, FL 34695
D	Deborah Gorman	2376 Madrid Avenue	Safety Harbor FL 34695
D	Robert Gorman	7026 Wood Ibis Drive	New Port Richey, FL 34695

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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:

*Deborah S. Gorman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/12/05

Daytime Phone #

727-726-4657