APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 15 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000005553

1. Corporation Name
DANIA COMMUNITY CENTER, INC.

Principal Place of Business
N/A

Mailing Address
DANIA COMMUNITY CENTER, INC.
P.O. BOX 1601
POMPANO BEACH, FL

600002807066--6

REINSTATEMENT 98-99 AR

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
DANIA COMMUNITY CENTER, INC.
Suite, Apt. #, etc
P.O. Box 1601
City & State
Pompano Beach, FL
Zip: 33061 | Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0784023
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
Dir.	FERNANDO GANDON	561 SE 18th Ave.	Pompano Beach, FL 33060
Dir.	HATVEY ELIZABARATE	909 Surfside Blvd.	Surfside, FL 33154
Dir.	JOHN MCCARTHY	80 SW 8th Avenue	Dania, FL 33304

8. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301

9. Name and Address of New Registered Agent
Name: FERNANDO GANDON
Street Address (P.O. Box Number is Not Acceptable): 561 SE 18th Avenue
Suite, Apt. #, Etc
City: Pompano Beach, | State: FL | Zip Code: 33060

CR2E098 (12/98)

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] FERNANDO GANDON Date: 2/23/99
(REGISTERED AGENT MUST SIGN)

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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 if made under oath.

SIGNATURE: [signature] FERNANDO GANDON 2/23/99 954-684-1493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AR