

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

142

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 AUG 30 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000003163

1. Corporation Name

Danastor's and Associates, Inc.

1492 Siena Lane
same

2. Principal Office Address

1492 Siena Lane

Suite, Apt. #, etc.

City & State

Boynton Beach, Florida

Zip

33436

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

same

Zip

same

Country

same

REINSTATEMENT 03-04

900040135399
08/12/04--01033--001 **300.00

**4. Date Incorporated or Qualified
To Do Business in Florida 01/11/00**

5. FEI Number
65-0987459

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

ALAN DANASTOR

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

1492 Siena Lane

Suite, Apt. #, Etc.

City

Boynton Bch

State

FL

Zip Code

33436

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

Alan Danastor
REGISTERED AGENT MUST SIGN

Date

8-26-04

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
P	Alan Danastor	1492 Siena Lane	Boynton Beach, FL 33436

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:

Alan Danastor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-3-04 3059683824

Daytime Phone #

CR2E081 (01/04)

Danastor 's and Associates
1492 Siena Lane
Boynton Beach Fl 33436

FILED

04 AUG 30 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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8/3/04

To Whom It May Concern:

Enclosed is my new address, because I have never received any forms for renewal.

1492 Siena Lane
Boynton Beach, Fl. 33436

Thank you



Alan Danastor
President