

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN 28 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000022732

1. Corporation Name
DANKEN USED EQUIPMENT, INC.

REINSTATEMENT 03-04

100027655751
01/27/04--01019--025 **908.75

2. Principal Office Address
5221 Sunnydale Circle, S.

3. Mailing Office Address
5221 Sunnydale Circle, S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34233

Country

Zip

34233

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/06/2000

5. FEI Number

650996001

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

Donald D. Clark, Esquire

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

1819 Main Street.

Suite, Apt. #, Etc.

Suite 1100

City

Sarasota

State

FL

Zip Code

34236

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

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	Kenneth Beukema	6908 7th Ave., Blvd., N.W.	Bradenton, FL 34209
D	Daniel Laird	5221 Sunnydale Circle, S.	Sarasota, FL 34233

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Laird

Date

Daytime Phone #

1/22/04 (941) 685-7741

CR2E081 (10/02)