


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>

**DOCUMENT # P00000027379**

1. Corporation Name

**DNA INTERACTIVE, INC.**

Principal Place of Business

Mailing Address

**400 DOROTHY CIRCLE  
EUSTIS FL 32726**

**400 DOROTHY CIRCLE  
EUSTIS FL 32726**

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

2. New Principal Office Address, If Applicable

**32936 WOLFS TRAIL**

3. New Mailing Office Address, If Applicable

**32936 WOLFS TRAIL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SARASOTA FL 32776**

**SARASOTA FL 32776**

City & State

City & State

**SARASOTA FL**

**SARASOTA FL**

Zip

Country

Zip

Country

**32776 USA**

**USA**

**32776 USA**

**USA**

**REINSTATEMENT 01**

**07-19-01 90236 045 \$ 550.00**

4. Date Incorporated or Qualified  
To Do Business in Florida

**03/16/2000**

5. FEI Number

**59-363203**

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	City / State / Zip 4
D	POSNACK, AMY B	400 DOROTHY CIRCLE	EUSTIS FL 32726
D	POSNACK, DANIEL N	400 DOROTHY CIRCLE	EUSTIS FL 32726

**700004706187--7**

**-12/05/01--01058--010**

**\*\*\*\*200.00 \*\*\*\*200.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**POSNACK, AMY B  
400 DOROTHY CIRCLE  
EUSTIS FL 32726**

Name

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

**32936 WOLFS TRAIL**

Suite, Apt. #, Etc.

**8**

City

**SARASOTA**

State

**FL**

Zip Code

**32776**

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



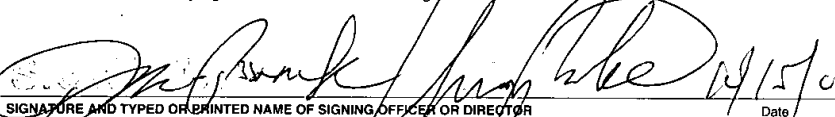
REGISTERED AGENT MUST SIGN

Date

**07/15/01**

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 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

Date

Daytime Phone #