

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



600023910396

10/17/03--01072--011 ***158.75

DOCUMENT # **P00000090818**

1. Corporation Name

DANARILY DESIGN, INC.

Principal Place of Business

Mailing Address

2885 BEGONIA WAY
COOPER CITY FL 33026

2885 BEGONIA WAY
COOPER CITY FL 33026

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/26/2000

5. FEI Number

65-1059729

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	MILLER, JON S	2885 BEGONIA WAY	COOPER CITY FL 33026
D	MILLER, MERYL	2885 BEGONIA WAY	COOPER CITY FL 33026

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MILLER, JON S
2885 BEGONIA WAY
COOPER CITY FL 33026

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Jon Miller
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/10/03

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:

Jon Miller
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/03

Daytime Phone #

954-275-7650

CR2E040 (7/03)



DANARILY DESIGN INC.

2885 Begonia Way
Cooper City, FL 33026

email: hoff@danarily.com

cell: 954-610-0639
fax: 954-436-5321

October 10, 2003

RE: Application for Reinstatement 65-1059729

Prior UBR notices were not received. Kindly accept this letter with the required fee attached and send notice of reinstatement.

Thank you,

A handwritten signature in cursive script that reads "Jon S. Miller".

Jon S. Miller