

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 JAN 13 AM 9:29

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P00000107301**

1. Corporation Name
DALIND CORPORATION

Principal Place of Business Mailing Address
 305 E 2ND AVE 305 E 2ND AVE
 PIERSON FL 32180-3021 PIERSON FL 32180-3021



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/15/2000	
City & State		City & State		5. FEI Number	
Zip		Country		59-3700322	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
				\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	HAYES, LINDA	305 E 2ND AVE	PIERSON FL 32180
DV	HAYES, DAVID	305 E 2ND AVE	PIERSON FL 32180

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 01/13/03--01097--001 **158.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HAYES, DAVID A 305 E 2ND AVE PIERSON FL 32180-3021		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
	FL		

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 *David Hayes* **SIGNATURE REQUIRED** Date 1/10/03
 REGISTERED AGENT MUST SIGN

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: *Linda Hayes* **SIGNATURE REQUIRED** Date 1-10-03
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/02)

1-10-03

Dear Dept. of State,

This letter is to inform you that the Dalind Corporation did not receive our UBR notices. We wish to continue our corporate status and will call if we don't receive them. We apologize. Thank you.

Sincerely,
Jenda Hayes
President
Dalind Corporation