

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000063758

1. Corporation Name

DANANCO, INC

2. Principal Office Address

6662 BOCA PINES TRAIL

Suite, Apt. #, etc.

"B"

3. Mailing Office Address

PO BOX 141682

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

CORAL GABLES, FL

Zip

33433

Country

PB

Zip

33114

Country

DAGE

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/2001

5. FEI Number

65-1117098

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

LORIS COLOMBAN

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

6662-B BOCA PINES TRAIL

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33433

600025193086

12/03/03--01055--008 **308 75

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/17/03

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 |
|--------|--------------------------------------|---|----------------------|
| PRES. | LORIS COLOMBAN | 6662-B BOCA PINES TRAIL | BOCA RATON, FL 33433 |
| VICEP | MONICA COLOMBAN | 6662-B BOCA PINES TRAIL | BOCA RATON, FL 33433 |
| | | | |
| | | | |
| | | | |
| | | | |

[Signature] 11/26

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] LORIS COLOMBAN

11/17/03

561-477-0763

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E001 (10/02)

November 17, 2003

Mr. Jay Kassees
Department of State
Division of Corporations
Tallahassee, Florida

Re: Dananco, Inc
Doc. # P01000063758
FEI. # 65-1117098

Mr. Kassees:

Thank you for all the information and the assistance provided during our recent telephone conversation.

I am enclosing check # 1171 for a total of \$ 300.00*, to cover the equivalent of two (2) years of the cost for the Annual Report Fee and the Corporate Supplementary Fee. (\$ 150.00 per year).

Also, I would like to express my appreciation to you for waiving the "Reinstatement Fee" due to non-receipt of the original forms.

Sincerely,



Loris Colomban
Dananco, Inc.

* PLUS \$8.75 FOR CERT. OF STATUS