Pg 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 28 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000077300

1. Corporation Name
Danso Inc.

6928 NW 26th Street
6928 NW 26th Street

P01000077300

REINSTATEMENT 03-01

2. Principal Office Address	**3.** Mailing Office Address
6928 NW 26th Street	6928 NW 26th Street
Suite, Apt. #, etc.: —	Suite, Apt. #, etc.: —
City & State: Margate, Florida	City & State: Margate, Florida
Zip: 33063 / Country: USA	Zip: 33063 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/06/01

5. FEI Number: 65-1136196 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.: —

City: Tallahassee | State: FL | Zip Code: 32301-2525

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: See Attached — Date: _____
REGISTERED AGENT MUST SIGN

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
P/D	Daniel St-Pierre	6928 NW 26th Street	Margate, Florida 33063

600038317776
06/28/04--01050--013 **308.75

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: Daniel St-Pierre — DANIEL ST-PIERRE — 06/18/04 — 954-683-7970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Signature of Registered Agent: [signature] Date: 6-21-04

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Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Daniel St-Pierre	6928 NW 26th Street	Margate, Florida 33063

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #