

To: FL Dept. of State
Subject: 000650.39278

From: Katie Wonsch

Friday, June 17, 2005 3:21 PM Page: 2 of 2

APPROVED
AND
FILED

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P01000088501

1. Corporation Name
DANCEA PROPERTIES 1, INC.

2. Principal Office Address 6646 N. MONTICELLO AVENUE		3. Mailing Office Address 6646 N. MONTICELLO AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LINCOLNWOOD, IL		City & State LINCOLNWOOD, IL	
Zip 60712	Country USA	Zip 60712	Country USA

REINSTATEMENT 03-05

4. Date Incorporated or Qualified To Do Business in Florida 09/07/2001	
5. FEI Number 65-1012473	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>See Instructions for requirements</small>	

7. Name and Address of Current Registered Agent

Name
B & C Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
201 South Biscayne Boulevard, Suite 3000

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33131

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 *George Dancea* **Date** 6/16/05

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
DPS	George Dancea	6646 N. MONTICELLO AVENUE	LINCOLNWOOD, IL 60712

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: *George Dancea* **DATE** JUNE 16, 2005 **DAYTIME PHONE #** 847-774-6199

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

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

CORPORATION REINSTATEMENT

DANCEA PROPERTIES 1, INC.

Certificate of Status	1
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