

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 13 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000090109**

1. Corporation Name

DANKEN DEVELOPMENT, INC.

2. Principal Office Address

2840 SCHERER DR

Suite, Apt. #, etc.

460

City & State

ST. PETERSBURG, FL

Zip

33716

Country

USA

3. Mailing Office Address

P.O. Box 17603

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip

33762

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

2/7/2001

5. FEI Number

59-8743758

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

DAVID A. PLESS JR.

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

13831 LAKE POINT DR

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33762

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

David A. Pless Jr.

Date **11/4/03**

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 | DAVID A. PLESS JR. | 13831 LAKE POINT DR | CLEARWATER, FL 33762 |
| U, T | KENDRA P. PLESS | 13831 LAKE POINT DR | CLEARWATER, FL 33762 |
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/03

Date

Daytime Phone #

CR2E081 (10/02)