

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 JUL 12 PM 4:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02 000014396

1. Corporation Name

DANROCK INC

900183191389  
07/12/10--01053--011 \*\*1050.00

**REINSTATEMENT**

08-10

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #

6241 ARC WAY

3. Mailing Office Address

SAME

Suite, Apt #, etc

SUITE B

Suite, Apt #, etc

City & State

FT MYERS, FL

City & State

Zip

Country

33966 LEE

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

2001

5. FEI Number

22-3688709

☐ 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

FRANK BIANCULLI

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

13170 WHITE MARSH LN

Suite, Apt #, Etc

~~FT MYERS, FL~~

City

FT MYERS

State

FL

Zip Code

33912

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

*Frank Bianculli*

Date

7/12/10

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
PRES	FRANK BIANCULLI	13170 WHITE MARSH LN	FT MYERS, FL 33912

10. E-mail Address: SALES @DANROCK.COM

(To be used for future annual report notification)

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. I further certify 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:

*Frank Bianculli* FRANK BIANCULLI

7/12/10

Date

239-934-1122

Daytime Phone #

7/12/10