

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 14 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 02000031049

1. Corporation Name

DAnna Corporation

REINSTATEMENT 03

2. Principal Office Address

8212 SW 53 Pl.

Suite, Apt. #, etc.

City & State

Gainesville, Fl.

Zip

32608

Country

U.S.A.

3. Mailing Office Address

8212 SW 53 Pl.

Suite, Apt. #, etc.

City & State

Gainesville, Fl.

Zip

32608

Country

U.S.A.

000024713400

11/14/03--01074--004 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

3-21-02

5. FEI Number

60-0000926

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

Anna K. Alvarado

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

8212 SW 53 Pl.

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32608

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

A. Alvarado

REGISTERED AGENT MUST SIGN

Date 11-13-03

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
<u>P</u>	<u>Anna K. Alvarado</u>	<u>8212 SW 53 Pl.</u>	<u>Gainesville, Fl. 32608</u>
<u>M</u>	<u>Donald J. Kreischer</u>	<u>8212 SW 53 Pl.</u>	<u>Gainesville, Fl. 32608</u>

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:

A. Alvarado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-13-03 352-337-1382

Date

Daytime Phone #

CR2E081 (10/02)



8212 SW 53 Place
Gainesville, Fl. 32608

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

November 13, 2003

To Whom It May Concern:

Please waive the reinstatement fee due to our address change. The renewal form was mailed to 6105 NW 90th Street and was not forwarded to our new address, 8212 SW 53 Place, Gainesville, Fl. 32608.

Thanking you in advance,

A handwritten signature in black ink, appearing to read 'A. Alvarado', is written over a horizontal line.

Anna K. Alvarado
DAnna Corp President