PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	OS APR 18 PM 4: 06 SECOL TARY OF STATE
DOCUMENT # PD20000888 1. Corporation Name Dan - Core Edwards, Inc. 7790 NW 23rd Street #203 PEMBROKE PINES, FC 33024		TALLAHASSEE, FLORIDA PENSTATEMENT 03-0
2. Principal Office Address	3. Mailing Office Address	
7790 NW 23rd St	SAME	THE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified
	City & State	To Do Business in Florida
PEMBROKE PINES A	1	5. FEI Number Applied For Not Applicable
Zip Country	Zip Country	6
33024 USA		CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Street Address (P.O. Box Number is Not Acceptable) 7760 NW 23Vd STREET # 203 Suite, Apt. #, Etc. 203 City PEM BROKE PINES 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 Date 41305		
	REGISTERED AGENT MUST SIGN	
Titles Name of	nd/or Director (Florida nonprofit corporations must list at Street Address of Ea	ch City State (7 in
P Potri-Court 80	7790 NW 23	TO ST PRIMEDICE PINES, FL. 33024
VP BRYAN EOU	SARAI 11000	R. 33821/
		05/10/0501050009 **450.00
		600054208766 05/10/0501050010 **8.75
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

292

April 12, 2005

Florida Department of State Divisions of Corporation 409 East Gaines Street Tallahassee, Fl 32301

Dear Sir/Madam:

At this point in time, Dan-Cor Edwards, Inc. is requesting a Waiver due to non-receipt of 2003 notices, and Reinstatement of the Corporation.

An original corporation Reinstatement form, along with a check for \$450.00 is enclosed.

Should you have any additional questions or concerns, please feel free to contact me at (954) 829-4646.

Thank you for your attention to this matter.

Sincerely,

Peta-Gaye Edwards

President, Dan-Cor Edwards, Inc.