

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

9/18/2003-90032-002-\$150.00-\$150.00

03 OCT 21 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000108881
1. Entity Name
DANSBY, INC.

DO NOT WRITE IN THIS SPACE

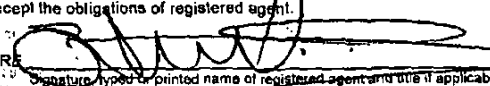
2. Principal Place of Business 210 SARTO AVENUE Suite, Apt. #, etc.	3. Mailing Address 210 SARTO AVENUE Suite, Apt. #, etc.
City & State CORAL GABLES FL Zip 33134	City & State CORAL GABLES FL Zip 33134

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

4. FEI Number	☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent Name STUART W. DANSBY Street Address (P.O. Box Number is Not Acceptable) 210 SARTO AVE. City CORAL GABLES FL Zip Code 33134	

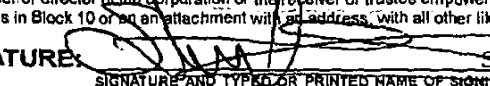
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P STUART W. DANSBY 210 SARTO AVE. CORAL GABLES, FL 33134
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or an attachment with an address with all other like empowered.

SIGNATURE  STUART W. DANSBY PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #