

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -5 AM 9:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P02000126237**

1. Corporation Name

DANPA GROUP, INC.

Principal Place of Business

Mailing Address

**14211 COMMERCE WAY
MIAMI LAKES FL 33016**

**14211 COMMERCE WAY
MIAMI LAKES FL 33016**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03



200025258952

12/05/03--01053--005 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

11/22/2002

5. FEI Number

04-3732731

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	PAOLO LUSARDI	14211 COMMERCE WAY	MIAMI LAKES, FL 33016

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**RASSNER, WAYNE H ESQ
7700 N KENDALL DR STE 510
MIAMI FL 33156**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/28/03

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/28/03
Date

786-255-6216
Daytime Phone #

CR2E040 (7/03)

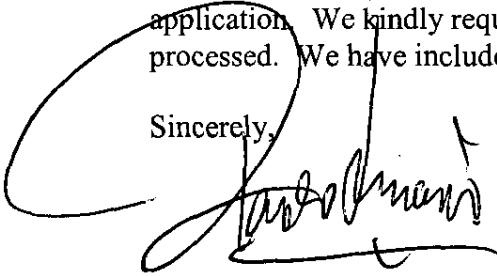
November 28, 2003

Department of State
Division of Corporations
409 E Gaines St
Tallahassee, FL 32399

Dear Gentlemen,

This is to inform you that DANPA GROUP INC did not receive the annual report application. We kindly request that you accept the normal fee to get the annual report processed. We have included a check in the appropriate amount.

Sincerely,



President