2005 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P03000117846												
1. Entity Name												
DANDY D II CORP.												
									2005 JU	JN 2D	PM 3: !	51
SOUTH THE PARTY OF												• •
Principal Place of Business Mailing Address									SECRE	ETARY (TATE OF	ï E
3412 CLARK RD			34	3412 CLARK RD				ì	TALLA	HÄSSEE	FLOR	ďΑ
SARASOTA, FL 34231				SARASOTA, FL 34231					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		. I LOM	IDA
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6. Driverinal Olean of Dualman												
2. Principal Place of Business			3. Mailing Address						BA IIRBA IRBAI EBBA		1881 II (58)	
Suite, Apt. #. etc.				Suite, Apt. #, etc.			1					
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City & State			City & State				4. FEI Numbe	Br		Ap	plied For	
								5101	487000)	No	t Applicable
Zip		Country		Zip		itry		E Cartificata	of Status Desired		8.75 Add	itional
					<u> </u>					_ ,	ee Require	d
	6. Name	and Address of Currer		7. Name and	Address of New R	egistered A	gent					
SPIEGEL & UTRERA PA! Remount & Remount (Dave Remount)												$ft_{\alpha i}$
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST.								P.O. Box Numb	er is Not Acceptable		· ···· ·	~ <u>~~</u>
4TH FLOOR Not Coun				「 <u>「</u> ブ			1	RPP Ridge RO.				
MIAMI, FL 33145								•	, -			
	/					City	- •				Zip Cod	9
						7.		ATOZI		FL	13/12	۱۲۱ .
8. The above	named entit	ty submits this statement stered agent.	for the pu	rpose of changing its	register	ed office or re	gister	ed agent, or bo	th, in the State of Fid	orida. I am fe	amiliar with,	and accept
ine ooligat	lioris Ol replis	stered agent.								/	,	
SIGNATURE Dance Coul												
	Signature, types	d or printed name of registered age	nt and title if :	applicable. V (NOT	E: Register	ed Agent signatu	Le Ledny.	red when reinstating)		DATE		
FILE NOW!!! FEE IS \$900.00												
10.	,	OFFICERS AN	D DIRECT	TORS	11.			ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
TITLE	PSTD			☐ Delete	TITL	E					Change	Addition
NAME	DREYFUS, DANIEL E				NAM							
STREET ADDRESS						ET ADORESS						
CITY-ST-ZIP	SARASO	TA, FL 34231			CITY	-ST-ZIP						
TITLE	☐ Delete TRT					l l					Change	■ Addition
NAME CTOCCT 4000000	innece				NAME STREET ADDRESS			800056356878				
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STREET ADDRESS	[ET ADDRESS						
CITY-ST-ZIP	<u>L</u>					-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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 cor	rporation or t	the receiver or trustee em	powered	to execute this report	as requi	red by Chapt	er 607	, Florida Statute	s; and that my nam	e appears in	Block 10 or	Block 11 if
спалдеа,	, or on an att	tachment with an address	i, with all (outer like empowered	' ~			_				
SIGNAT	HDE.	Cr KD	$/\!\!/$	()	U	en In	r	Juni	/6-2003 Data	- 94	1.922	.660)
SIGNAL	OUE: 7	BIGHATURE AND TYPED OF	PRINTED A	NAME OF BIGNING OFFICER	OR DIREC	TOR		J U / 1	Date	De	ytime Phone #	,
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