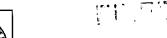
## OR PROFIT CORPORATION REINSTATEMENT

# P0400052671

LDERS BY DANIEL, INC.



05 SEP 29 PH 4: 40

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Principal Plac	of Business	Mailing Address		•	一			E, FLO	RIDA	_
1954 DESTIN	NY BLVD	1954 DESTINY BLVD			JR		NET IN		77 19	3
# 202   Kissimee, fe 34741		# 202 Kissimee, Fl 34741	US		٦,	2000	יים נו נו נו נו מים	MENA		
·		·								
	Hace of Business CANNON RIDGEDT	3. Mailing Address Same								
Suite, Apt.	#, etc.	Suite, Apt, #, etc.			$\dashv$					
#4	115				6	09212005	REIN-P	CR2E	E098 (6/ <b>0</b> 4)	
City & State Of Candu FC		City & State			4. FEI Number					
Zip	Country	Zip	Coun	ntrv	$\dashv$		<del></del>		\$8.75 Add	ot Applicable
   				,		5. Certificate o	f Status Desired		Fee Require	
	6. Name and Address of Current	Registered Agent		Name		7. Name and A	Address of New F	legistered	Agent	
BIRCH, DANIEL				170 NC						
1954 DES	TINY BLVD		Street		dress (P.O. Box Number is Not Acceptable)					
# 202	EE, FL 34741					<del> </del>				
	, ( 04/4)			City					Zip Code	
								FL	-	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	register	ed office or regis	stere	d agent, or both	, in the State of Fl	orida. I am	familiar with,	and accept
	Multo						i	9/2	5/05	
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NDT)	E: Register	ed Agent signature re	equires	s when reinstating)		DATE	<u> </u>	
									<u></u>	
	.E NOW!!! FEE IS \$150.00 nuary 1, 2006, Fee will be \$300.!	00					In accordance corporation did			
10. TITLE	OFFICERS AND	DIRECTORS Delete	11.	r		ADDITIONS/C	CHANGES TO OFF	ICERS AN	D DIRECTORS  Change	
NAME	BIRCH, DANIEL	Li Delete	NAM	_		10704	/0501046			☐ Addition
STREET ADDRESS	1954 DESTINY BLV #202			EET ADDRESS		10/ 01/	. 0001040	)——ÜÜK	**100	. 13
CITY-ST-ZIP	KISSIMMEE, FL 34741		CITY	'-ST-ZIP						
TITLE		☐ Delete	TITLE MAM						Change	Addition
STREET ADDRESS	<del>-</del> -			EET ADDRESS		_	<u> </u>		-	_
CITY-ST-ZIP			CITY	'-ST-ZIP						
TITLE		☐ Delete	TITLE						Change	Addition
NAME STREET ADDRESS			MAM	EET ADDRESS						
CITY-ST-ZIP			1	-ST-ZIP						
TITLE		☐ Delete	TITLE	E					Change	☐ Addition
NAME			MAM						_ •	
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP						
TITLE		☐ Delete							☐ Change	□ Addiia-
NAME		E Delete	TITLE						change	☐ Addition
STREET ADDRESS				EET ÅDDRESS						
CITY-ST-ZIP			CITY	- ST- ZIP						
TITLE NAME		☐ Delete	TITLE						☐ Change	☐ Addition
STREET ADDRESS			NAM STRE	EET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
l indicated	certify that the information supplied with I on this report or supplemental report in poration or the receiver or trustee emp	s true and accurate and that n	nv siona:	ture shall have t	the sa	ame legal effect.	as if made under	oath: that I	am an officer	or director
changed	poration or the receiver or trustee emp or on an attachment with an address	with all other like empowered	>	, <i>-</i>		0.0.0.00	_/_	/		2.001.1111
SIGNAT	URF: ( Au	12/2	-			4	725/	0.5		
SIGNAL	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	OR DIRECT	TOR			Date		Davtime Phone #	